NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

www.dhhs.state.nh.us

Program Guide

Joining New Hampshire's families and communities to support citizens in achieving health and independence

2003

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INTRODUCTION TO THE 2003-04 DHHS PROGRAM GUIDE

This publication provides decision-makers in New Hampshire with detailed information on the Department of Health and Human Services (DHHS), including the role the agency plays in delivering a comprehensive and coordinated system of services across the entire state. Produced each biennium to coincide with a new legislative session and the development of a biennial budget, it includes pertinent information on the goals and duties of the Department and highlights some of the accomplishments from the past two years.

The 2003-04 Program Guide contains background information on the numerous programs DHHS operates, oversees, funds or regulates. This publication also highlights the Department's many efforts over the past biennium to continually adapt and respond to new scientific evidence to improve its ability to cost-effectively serve the citizens of New Hampshire.

This version includes some new features to make it easier to use and keep current, such as:

- an updated format that includes an historical overview of the Department followed by individual overviews of each division, including major accomplishments and current initiatives;
- a listing and description of major legislation affecting DHHS enacted during the most recent biennium;
- a separate description of the State's Medicaid program;
- pocket folders in the front and back containing materials that will be updated annually, such as legislative contact information, contact lists of key individuals in the organization and a listing of offices;
- an index that lists where to find descriptions of all programs and services; and
- an online version of the publication that can be viewed and downloaded from the DHHS web site at www.dhhs.state.nh.us/dhhs/dhhs_site/library.

Department of Health and Human Services Privacy Statement

The Department of Health and Human Services (DHHS) has included certain aggregate information in this publication in an effort to provide pertinent information and illustrate particular points. No personally identifiable information is published nor does this publication contain any information that could be used to constructively identify an individual. As required by law, the Department collects, utilizes and safeguards sensitive and personal client information. The Department takes very seriously its obligation to maintain the confidentiality of this information.

DHHS does not disclose any personal information except when: permission has been granted by the individual; the information is considered public information under the New Hampshire Right to Know Law, RSA 91-A, and is not otherwise protected from disclosure by applicable State or federal laws; or, we are required to do so by law, subpoena, court order or legal process.

State of New Hampshire
Department of Health and Human Services

Mission Statement

To join communities and families in providing opportunities for citizens to achieve health and independence.

Responsibilities

To meet the health needs of New Hampshire citizens: The Department of Health and Human Services recognizes its responsibility to improve access to health care, to ensure its quality and to control costs through improved purchasing, planning and organization of health care services. The Department will work to prevent disease and to protect and improve the health and safety of all citizens through regulatory and health promotion efforts.

To meet the basic human needs of New Hampshire citizens: The Department has a responsibility to provide financial, medical and emergency assistance and employment support services to those in need, in order to assist individuals in reaching self-sufficiency.

To provide treatment and support services to those who have unique needs including disabilities, mental illness, special health care needs or substance abuse problems: The Department has a responsibility to ensure access to quality community-based services for eligible individuals.

To protect and care for New Hampshire's most vulnerable citizens: The Department has a special responsibility to support those who, due to age, disability or circumstance, are at risk and in need of protection.

DHHS GUIDING PRINCIPALS - SERVICES

Community Based Services
Services will be planned, delivered and coordinated at the local level to the greatest extent possible. The Department will develop broad policies for service delivery and will allocate resources, provide technical assistance, and evaluate services to ensure quality.

Family Centered Services
Services will be responsive to the individual needs of each person and/or family. Solutions will be designed in concert with consumers and will be based on their unique strengths.

Prevention Oriented
Preventive programs will be developed to assure the well-being of New Hampshire citizens and to avoid the need for more intensive, costly interventions.

Crisis Response
Every effort will be made to mobilize available resources to promptly respond to the needs of individuals and families in crisis.

Outcome Based
Services will be designed to achieve measurable results in maintaining or improving health, well being, and independence. Interventions will be monitored to determine effectiveness and used to assure positive outcomes**.**

DHHS GUIDING PRINCIPLES - OPERATIONS

Fiscal Responsibility
The Department, in recognition of its fiscal obligation to the larger state community, will maximize revenues, minimize administrative costs, and develop cost effective services, utilizing existing family, community and volunteer supports whenever possible.

Workforce Quality
The Department will maintain a workforce whose employees are caring, competent, valued and respectful of one another and those we serve. The staff will be knowledgeable, utilizing creative, effective solutions to address the needs of all consumers. The staff will have access to updated information including culturally and linguistically appropriate material and training necessary to provide quality services and achieve job satisfaction.

Management Quality
Department management will provide the leadership and support necessary for optimum staff performance and quality outcomes. They will assure professional growth and development opportunities, while encouraging innovation and teamwork and local decision-making.

Open Communications
The Department will promote an understanding of the agency's mission, goals and plans to staff, consumers, providers and other stakeholders. The Department will seek their input in the design and development of services.

Information Rich
The Department will develop and maintain data and information technology necessary for decision-making and continuous quality improvement. The Department is committed to developing a research and analytical capacity that expands our knowledge and understanding of health and social issues and contributes to the development of effective solutions.

OVERVIEW OF THE DEPARTMENT OF HEALTH & HUMAN SERVICES

The Department of Health and Human Services is an agency that provides necessary services to eligible citizens. DHHS accomplishes this through partnerships with families, community groups, private providers, other state and local government entities and many thousands of foster parents, neighbors and citizens throughout the State who make New Hampshire a special place to live.

Programs and services are housed in this single Department because the New Hampshire Legislative and Executive branches have recognized over the years that the majority of people who access Departmental programs and services have multiple needs and require coordinated assistance from more than one program area. As Congress expanded its role in supporting the health and welfare of citizens through the passage of landmark legislation beginning in the 1930s, the Department has been responsible for effectively administering these programs at the State and local level.

It was more than a century ago when the State first recognized its obligation to support and protect the welfare of its citizens. Since then, the New Hampshire Legislature and Governors have been continually improving the coordination, delivery and effectiveness of a Department that provides services to a significant percentage of the state's population on an ongoing basis.

BRIEF HISTORY OF THE DEPARTMENT OF HEALTH & HUMAN SERVICES

In 1866, the first home for destitute children in New Hampshire – many of whom had been orphaned as a result of the Civil War – was established. In 1895, the State Legislature recognized the need to provide greater support to dependent children and created the Board of Charities and Corrections. By the turn of the century, the Board also had responsibility for the education of the deaf and the blind, as well for inmates of county farms and jails.

In 1915 both Mother's Aid (the forerunner to the Temporary Aid to Needy Families program) and the Aid to Needy Blind programs were established, and the State began supporting efforts to keep children in their own homes in cases where mothers were widowed and had no visible means of support. In 1929, the Board of Charities and Corrections became the State Board of Public Welfare. This new entity had responsibility for Mother's Aid, licensing of maternity homes and hospitals, and programs for physically disabled children.

During the Great Depression, federal legislation to help spur the economy resulted in companion legislation in the State (Bill 417), creating the Recovery and Relief Administration. In 1935 the State Board of Public Welfare became the State Board of Welfare and Relief, and a new Division of Relief was established to supervise direct relief programs and the administration of old age assistance by the counties. Two years later, the Legislature passed Bill 202 that created the Department of Public Welfare. By 1949, the Department was receiving a significant amount of federal support to administer a variety of programs including old age assistance, special services to the blind, and child welfare services.

The Department of Public Welfare's "business is people and not highways, cattle or other commodities and government is realizing more and more its responsibility for its inhabitants in terms of human value."

1949 Report on the Department of Public Welfare

In 1962, Chapter 222 of the Session Laws established a new Department of Health and Welfare with separate Divisions of Mental Health, Welfare and Public Health Services. Meanwhile, Congress passed major legislation in the 1960s including the Older Americans Act of 1965 and changes in the Social Security Act that created the Medicaid program in 1967 – programs the Department was responsible for administering on behalf of the State. Since its beginnings in 1967, the Medicaid Program has undergone numerous changes and now has the largest number of recipients of any single program of the Department.

To better manage caseloads and information, the Legislature in 1973 enacted a law authorizing the Department to develop computer systems for the Medicaid, Social Services and Income Maintenance Programs. A year later, the State's Food Stamp Program was established during a special session of the Legislature. A year after that, the Department created its first Child Support Unit, and in 1981, as a result of a budgetary footnote, the Department assumed responsibility for the non-welfare Child Support cases previously handled by Probation.

In the early 1980s the federal Omnibus Budget Reconciliation Act led to major changes in the Aid for Families with Dependent Children; Congress passed the Adoption Assistance and Child Welfare Act of 1980 and the Job Training partnership Act of 1982. Through an act of the State Legislature, the Department reorganized in 1984, establishing a separate Division for Children and Youth Services. In 1985, legislation changed the name of the Department from Health and Welfare to Health and Human Services. Two years later, the Division of Elderly and Adult Services was established.

The closing of Laconia State School in 1991signaled an important change in the way in which services were delivered. The shift from institutional to community based care began in the developmental services system, but had far reaching effects in child and family services, elderly services and in the Department's approach to behavioral health services.

By 1995, the Legislature recognized a need for greater integration in the health and human services delivery systems and authorized the Department to make these programs and services easier for citizens to find and use and, concurrently, to reduce administration costs. According to Section 126 –A:4 of the New Hampshire Statutes, the Legislature defined the reorganized Department's role as follows:

> *"[The] department shall be organized to provide a comprehensive and coordinated system of health and human services as needed to promote and protect the health, safety, and the well-being of the citizens of New Hampshire. Such services shall be directed at supporting families, strengthening communities, and developing the independence and self-sufficiency of New Hampshire citizens to the extent possible."*

Prior to 1995, the Department had been organized as a traditional state social services umbrella agency, with its structure based primarily on categories of service and funding. The reorganization resulted in a Department that fosters more integration of services. At the same time, regulatory, administrative and support functions were centralized, creating greater efficiencies and improved utilization of resources throughout the Department and in the District Offices.

On the national level, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 reformed the country's welfare system, bringing significant changes to the State's Public Assistance and Child Support Programs. The Act repealed the former Aid for Families with Dependent Children Program and replaced it with the Temporary Aid for Needy Families (TANF) block grant to states. The new TANF program put an emphasis on employment and imposed a time limit on eligibility.

In 1997, the Office of Health Management was established, bringing together many of the traditional public health services formerly located in the Division of Public Health Services and the non-long term care Medicaid-related functions of the former Division of Human Services. The Office integrated traditional direct service programs such as Well Child Clinics and primary prevention programs designed to reduce sickness and death related to diet, tobacco and other lifestyle choices that individuals commonly make. A few years later, this office was renamed the Office of Community and Public Health.

Continuing its reorganization in the 1990's and into 2002, the Department responded to the unique needs of New Hampshire's citizens and legislative direction with the establishment of separate divisions to address societal issues. A Division of Alcohol and Drug Abuse Prevention and Recovery was established along with a Division of Developmental Services. Child Support was elevated to a division within the Department; Health Planning was merged with the Medicaid Program and the Office of Community and Public Health returned to its traditional population-based health focus; and in 2001 the Division for Juvenile Justice Services was created.

Today, DHHS is a highly integrated state agency responsible for many of the regulatory, programmatic, and financial aspects of the State's health care system. The Department presently has a total of 10 divisions and major offices that oversee certain programs and functions, complemented by centralized administrative, technical, support and legal services. Financial and social services are delivered, to a large extent, through a network of 12 district offices located across New Hampshire. Most individuals accessing DHHS programs are eligible for numerous services that crosscut divisions, requiring the Department to share resources to effectively track clients and deliver the necessary services.

DHHS plays a key role in the planning, delivery and financing of health care. It provides social and support services to families with chronically ill or disabled members and to families in crisis. DHHS also provides economic assistance including child care funding, financial grants, employment support services, medical assistance, food assistance and child support services.

Behavioral health services are made available through Community Mental Health Centers, institutions such as the Glencliff Home for the Elderly, New Hampshire's Acute Care Psychiatric Facility and the Tirrell House, a facility for recovering alcoholics. People with developmental disabilities receive community-based services through a system of non-profit Area Agencies. In addition, DHHS provides services through networks of contractual providers, both public and private. Local contractors effectively and efficiently complement and expand DHHS' capacity to provide community-based services.

To carry out its responsibilities, DHHS manages an annual budget exceeding $1.5 billion for State Fiscal Year 2003, including $518 million in State General Funds, and has 3,500 legislatively authorized positions. DHHS-supported services impact virtually every citizen in the State, either directly or indirectly through regulatory protection and prevention efforts.

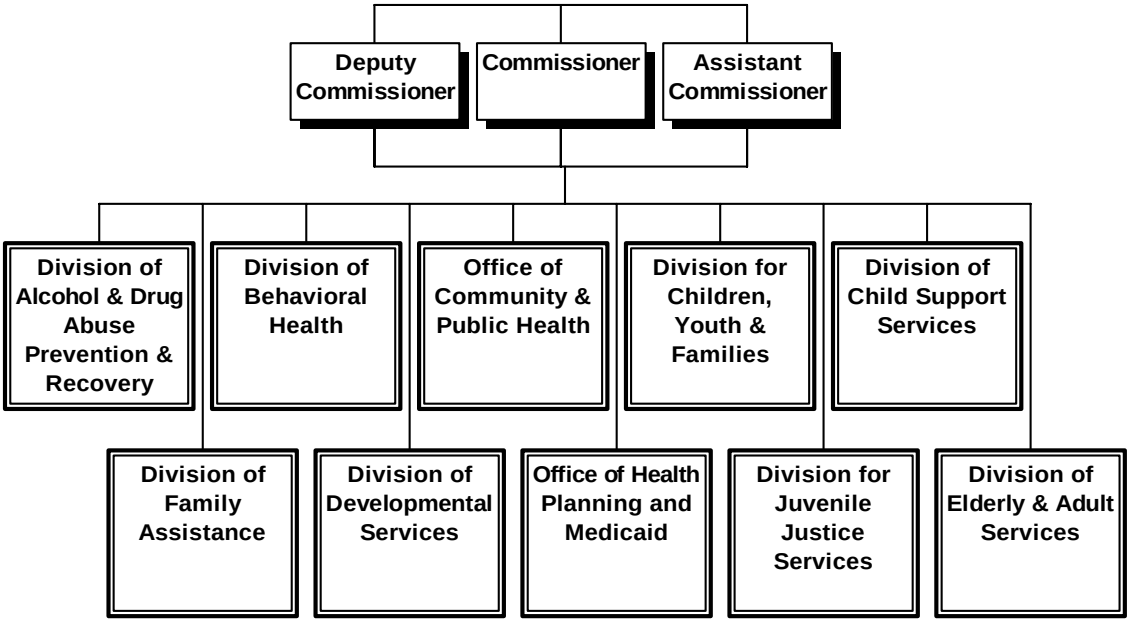
MANAGEMENT STRUCTURE

The Commissioner is responsible for the administrative and executive direction of the Department, according to RSA 126-A:5. The Commissioner sets policy for DHHS and oversees implementation of all programs and services. The Commissioner provides the leadership and direction necessary to ensure the design and delivery of a comprehensive, cost-effective and coordinated health and human services system that is community based and family centered.

Permanent staff in the office of the Commissioner includes the Commissioner, Deputy Commissioner, Assistant Commissioner, Associate Commissioner and Legislative Director. All Division directors also report to the Commissioner. The Assistant Commissioner is responsible for oversight of the Department's 12 district offices, as well as the Minority Health Office, the Public Information Office and Quality Assurance. The Associate Commissioner heads the Office of Program Support, manages legal services and licensing across the entire Department, in addition to serving on the Commissioner's Senior Executive Team. The Legislative Director is responsible for coordinating and managing communications between the Department and Divisions, and members and staff from the legislative branch of government. Additional staff may be assigned on a temporary basis, as necessary, to manage ad hoc projects and activities. A complete description of the functional areas that report to the Commissioner can be found beginning on page 10. In addition, a contact information sheet listing key DHHS staff and staff that serve as legislative liaisons for each division can be found in the pocket folder in the back of the Program Guide

The divisions and program offices that comprise the Department are outlined in the following organization chart and summarized in the next section of this publication:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ORGANIZATIONAL STRUCTURE



DIVISION OF ALCOHOL AND DRUG ABUSE PREVENTION AND RECOVERY

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Concord, NH 03301 Fax: 603-271-6116

OVERVIEW

The Division of Alcohol and Drug Abuse Prevention and Recovery (DADAPR) develops and manages a statewide system for prevention and treatment services, and for public education about alcohol and drug abuse. DADAPR financially supports and monitors a continuum of contracted prevention and treatment services with community-based, not-for-profit organizations to meet those responsibilities.

Alcohol and drug use is one of the most complex and challenging social and health concerns facing families and communities in New Hampshire and across our country. Alcohol and other drug abuse is a significant factor in employment productivity, health, crime, family violence, health care costs, juvenile delinquency, welfare dependency, school performance, and highway safety. To be able to have a positive effect on the negative consequences of alcohol and drug abuse, all service providers should be aware of substance abuse issues and services, and can collaborate with DADAPR to promote prevention, intervention, and treatment opportunities. In response to this need, DADAPR is expanding its capacity to create integrated policy and service provision with other human services delivery systems. DADAPR offers technical assistance and consultation to other state agencies, collaborates with numerous community organizations, and offers substance abuse training to all DHHS employees to give them an overview of how substance abuse affects clients, employees, and all citizens of the state.

Vision

A society in which alcohol and drug problems are recognized as public health issues that are both preventable and treatable.
A society in which high-quality services for prevention and treatment of alcohol and drug problems are widely available and where prevention and treatment are recognized as specialized fields of expertise.
A society in which people with a history of alcohol or drug problems and people that are at risk for these problems are valued and treated with dignity, and where stigma, prejudice, discrimination, and other barriers to prevention and recovery are eliminated.

Mission

To significantly reduce alcohol and other drug abuse and its social, health, and behavioral consequences for New Hampshire citizens through public policy, resource development, and education, and by supporting initiatives that ensure the delivery of effective and coordinated prevention and treatment services.

DADAPR-FUNDED SERVICES

1) SUBSTANCE ABUSE TREATMENT SERVICES
   a. Outpatient treatment services
   b. Residential treatment services
2) SUBSTANCE ABUSE PREVENTION SERVICES
3) IMPAIRED DRIVING INTERVENTION SERVICES

1) SUBSTANCE ABUSE TREATMENT SERVICES

DADAPR-funded treatment services include non-medical detoxification, sobriety maintenance, residential and transitional sober housing, outpatient treatment, and residential services for pregnant and parenting women. DADAPR also has a crisis/referral substance abuse counselor on staff and staff who provide street outreach and education to substance abusing individuals at high risk of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) infections.

a. ***Outpatient treatment services*:** DADAPR contracts with a variety of agencies to provide outpatient substance abuse counseling, assessment and screening. These programs serve individuals whose alcohol and drug use affect their daily living and cause family problems, irregular employment and criminal behavior, etc. In many cases, an individual's outpatient counselor provides the first step towards comprehensive treatment. Specialized intensive outpatient care is available in Concord and Manchester.

b. ***Residential treatment services*:** DADAPR provides the following clinically managed residential treatment services:

- *Clinically managed high intensity residential treatment programs* - Designed for individuals with severe substance abuse problems. People referred to a high intensity program are generally experiencing serious problems functioning in the community. Admission is voluntary. The length of stay varies from three months to a year, depending on the needs of the individual.

- *Clinically managed low intensity residential treatment services* - Provides short-term supportive services to the recovering alcoholic and addict. A program goal is to prepare each resident for self-sufficiency in the community. In order to be eligible for most clinically managed low intensity residential treatment services, a person must have completed a residential program and/or experienced a minimum period of sobriety. DADAPR currently manages and staffs a low intensity, residential treatment facility in Manchester, the Tirrell House.

- *Clinically managed medium intensity residential treatment services* - (also known as Residential Post-Detoxification Programs) assists individuals who have been substance free for a minimum of 72 hours. Admission is on a voluntary basis and the length of stay averages 28-30 days. Costs vary and are on a sliding scale basis.

- *Clinically managed residential detoxification and sobriety maintenance services* - provides short-term residential services in a safe and supportive environment for alcoholics and substance abusers until appropriate treatment becomes available. Services include detoxification, individual group counseling, educational sessions and introduction to self-help groups. Admission is voluntary and services are typically offered 24 hours a day, seven days a week. These programs have access to Emergency Medical Technicians (EMTs), as well as staff and volunteers who are specifically trained in the management of the inebriated or impaired person.

2) SUBSTANCE ABUSE PREVENTION SERVICES

Effective alcohol and drug abuse prevention refers to a set of programs and activities that weave together multiple prevention strategies into a comprehensive and coordinated effort, including such initiatives as peer leadership programs, school-based assistance programs, drop-in centers, after school programs, and community coalitions.

The goal of prevention programs and services supported by DADAPR is to reduce the demand for alcohol and drugs; strengthen individuals, families and the communities where they live by helping individuals meet the challenges of life events and transitions; strengthen and preserve families; and create and reinforce those conditions that promote healthy behaviors in all communities.

DADAPR also coordinates the Partnership for a Drug Free NH, a coalition of media, advertising, business and government leaders dedicated to expanding public information about substance abuse prevention. In addition, the Division maintains and distributes a variety of substance abuse-related educational materials (videos, brochures, etc.) through its clearinghouse.

3) IMPAIRED DRIVING INTERVENTION SERVICES

Impaired Driving Intervention Services are provided for individuals with substance abuse related driving convictions. There are three types of Impaired Driving Intervention Programs that provide education and counseling related to substance abuse. These intervention programs are designed to provide education, counseling, or referral services for individuals who have been convicted of Driving While Intoxicated (DWI), Driving While Under the Influence (DUI) or some other substance abuse related driving offense. The programs are as follows:

- First Offender Programs (20 hours of programming)
- Phase II Programs for Repeat First Offenders (one week of programming)
- The Multiple Offender Program (MOP) for Second or Subsequent Offenders (one week of programming)

TECHNICAL ASSISTANCE

DADAPR offers substance abuse technical assistance to other New Hampshire government operations and provides support to other agencies to develop the capacity to identify and respond to substance abuse issues. Staff may assist with policy development, help implement best practices, and provide training on substance abuse prevention and treatment to all DHHS staff and others as resources allow.

SUMMARY INFORMATION FOR DADPR

Major Program	Number of Clients Served SFY01	Funding SFY01	State Legislation	Federal Legislation	PAU #
Substance Abuse Services	3,810, outpatient services 2,357 inpatient services	$6.59m ($4.66m federal funds, $1.93m General Fund)	RSA 172-B:2	(SAPT Block Grant) Public Health Service Act-USC 300x21	05-01-12-03-00
Substance Abuse Prevention – Direct Services	109,333 youth	$1.16m federal funds	RSA 172-B:2	(SAPT Block Grant) Public Health Service Act-USC 300x21	05-01-12-03-00
Substance Abuse Prevention – Governor's Safe and Drug Free Schools Program	31 Organizations	$403k federal funds	N/A	Elementary and Secondary Education Act, Title IV, Part A, Subpart 1	05-04-12-10-00
Substance Abuse Prevention – State Incentive Grant Program	14 Organizations	$1.6m federal funds	N/A	Section 501(d) of the Public Service Act, as amended (42 USC 290aa)	05-01-12-09-00
Impaired Driver Intervention Program	4,214	Supported by user fees	RSA 172-B:2-a RSA 265:82-b	N/A	05-01-12-06-00
Multiple DWI Offender Program	689	$696k user fees	RSA 172-B	N/A	05-01-12-07-00

MAJOR ACCOMPLISHMENTS & INITIATIVES

In response to the growing awareness that alcohol and drug abuse plays a significant role in virtually every health and social challenge facing states, communities, and families, the Bureau of Substance Abuse Services was elevated in 2000 to division status within the DHHS.

In SFY 2001, the total federal and state dollars allocated for community-based treatment programs totaled $6,588,349, of which about 71% were federal and 29% were state funds. During SFY 2001, the total federal and state dollars allocated for direct prevention programs totaled $1,164,401, 100% of which were federal funds. In addition, 31 organizations throughout the state received a total of nearly $403,201 in 100% federal funds from the U.S. Department of Education's Governor's Safe and Drug Free Schools Program in SFY 2001. Under the State Incentive Grant program, DADAPR provided technical assistance and funding in the amount of $1,676,239 in 100% federal funding to 14 developing community adolescent prevention coalitions and services throughout the state.

In keeping with its commitment to being a substance abuse technical assistance resource, DADAPR staff provided "Initial Training on Substance Abuse" training to approximately 863 DHHS staff and about 10 non-DHHS staff. Training for new DHHS staff will continue on an ongoing basis as well as training on an as-requested basis for some non-DHHS staff.

During SFY 2000 and 2001, DADAPR promulgated administrative rules on the following subjects:

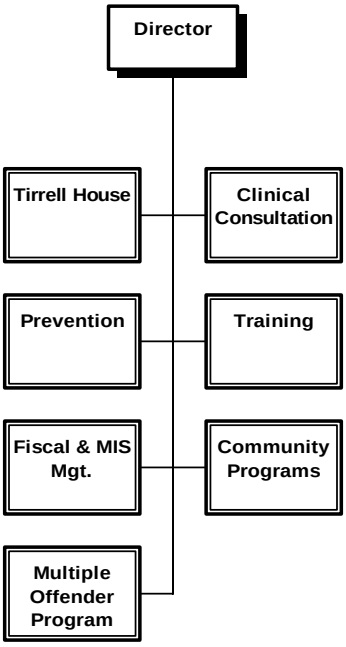
- Operational Requirements for Opiod Detoxification and Methadone Maintenance, Treatment, and Rehabilitation Programs;
- Provider certification;
- Operational Requirements for Treatment Providers; and
- Rights of Persons Receiving Treatment for Substance Use Disorders in the Community

DADAPR provides administrative and technical support to the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention, and Treatment. Professional and administrative tasks have included writing a statewide plan for alcohol and substance abuse prevention and treatment services and organizing nine public forums across the state in 2002 to solicit local input on alcohol and drug abuse issues. DADAPR staff will also provide support in the areas of subcommittee coordination, creation and dissemination of Request for Proposal documents, organizing Bidders' Conferences, as the Governor's Commission takes action to disburse the Alcohol Abuse Prevention and Treatment Fund created by SB 153. In conjunction with its collaboration with the Governor's Commission, DADAPR has begun to focus on assisting communities throughout the state in developing regional planning initiatives that incorporate a community-based planning approach to providing a continuum of services for particular regions of the state.

In SFY 2001, DADAPR initiated an ongoing series of Best Substance Abuse Treatment Practices seminars for treatment providers funded by the Division and has been focusing on helping prevention providers to develop science-based prevention models.

The Division has also been developing outcome measures for the treatment and prevention programs it funds. These outcome measures will demonstrate the effectiveness of the programs and will also indicate areas for future planning.

DIVISION OF ALCOHOL& DRUG ABUSE PREVENTION & RECOVERY – ORGANIZATIONAL STRUCTURE



DIVISION OF BEHAVIORAL HEALTH

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OVERVIEW

The Division of Behavioral Health (DBH) has been recognized as a national leader in providing high quality community-based and institutional mental health care to New Hampshire's citizens. The Division is committed to achieving its goal of promoting respect, recovery and full community inclusion for people with mental illness through collaborating with consumers, families and treatment providers. In fulfilling the statutory policy to provide treatment directed toward eliminating the need for services and promoting the person's independence, the Division's focus is on recovery.

The Division's partnership with the Dartmouth Medical School's Department of Psychiatry has resulted in the delivery of effective and innovative treatment to the citizens of the state. DBH staff are currently implementing two promising new initiatives: a) Evidence Based Practices, which involve utilizing practices that research has demonstrated to have positive outcomes for the treatment of mental illness; and b) Consumer Choice and Control, which enables consumers to design treatment plans tailored to their individual needs. Even as DBH strives to establish a state-of-the art system, prudent financial management has resulted in a reduction in the cost of care per client served over the seven-year period from 1995 through 2001.

DBH works closely with other divisions of DHHS to provide integrated services to the public. The DBH Office of Child and Family Services interfaces with the Division for Children, Youth and Families to insure that families with children who are experiencing mental illness receive necessary treatment. Elder Services at DBH works with the Division of Elderly and Adult Services to provide mental health care in nursing homes. The Office of Homeless and Housing coordinates with the Division of Family Assistance on issues such as rental guarantees to help families avoid homelessness. DBH also works with the Division of Alcohol and Drug Abuse Prevention and Recovery to serve individuals who have the dual diagnosis of mental illness and substance abuse. On a daily basis, DBH is involved with other divisions of DHHS to insure efficient delivery of care to the citizens of New Hampshire.

Vision

A world where all people live and work side-by-side, creating communities that celebrate diversity. We see individuals who experience problems with mental illness, emotional disturbance, and/or substance abuse or addiction effectively managing their lives in recovery, contributing to the prosperity of their communities, and engaging in satisfying, reciprocal relationships. We see communities where all people, regardless of difference or disability, are accepted as valued and interdependent community members. In these communities, there is no stigma attached to difference.

Mission

To promote respect, recovery, and full community inclusion for people who experience a mental illness, an emotional disturbance, and/or a substance abuse or addiction problem. The Division will approach this mission by working collaboratively with people who receive services and by supporting a network of local services that are responsive, effective, and efficient. We seek a community-based support system that focuses on people's abilities and builds on their strengths. In the system's effort to help individuals help themselves, it provides services that are designed to assist people in attaining and maintaining the highest level of wellness they can achieve.

MAJOR PROGRAMS/COMPONENTS:

1) NEW HAMPSHIRE HOSPITAL
2) GLENCLIFF HOME FOR THE ELDERLY
3) COMMUNITY MENTAL HEALTH SERVICES
4) HOMELESS AND HOUSING SERVICES

1) NEW HAMPSHIRE HOSPITAL

New Hampshire Hospital (NHH) is a state operated, publicly funded hospital that provides a range of specialized diagnostic and therapeutic psychiatric services. Those services support an individual's recovery toward an authentic sense of personal meaning and optimum health.

NHH provides psychiatric and neurological care in two program areas. The objective of both programs is the placement of all patients and residents into the community. They are:

- Acute treatment services for children, adolescents, adults, and elders with severe mental illness; and
- Transitional housing services where individuals with limited community placement options live in a residential setting with appropriate treatment.

NHH is designed primarily to provide short-term treatment and stabilization for individuals who experience acute psychiatric symptoms. More than 1,300 people are admitted annually, however the average stay on admission units is only 7-10 days. After this time, patients are typically transferred to a community mental health center for ongoing care. Additionally, NHH provides continuing care for a small number of individuals who require long-term treatment and transitional housing for people moving into the community. The Hospital works closely with community mental health centers to insure appropriate follow-up upon discharge.

Most of NHH's admissions are involuntary in nature, with the patients found to be dangerous to themselves or others. Many of the remaining voluntary cases meet these criteria and recognize their need for treatment, agree to it and are admitted. NHH works closely with the community mental health system in the continuum of care for all patients and residence at NHH. Patients at NHH receive specialized diagnostic and therapeutic services provided by a staff of Board Certified psychiatrists who work on-site under a contractual arrangement with Dartmouth Medical School. NHH is fully accredited by the Joint Commission of Accreditation of Healthcare Organizations.

2) GLENCLIFF HOME FOR THE ELDERLY

The Glencliff Home for the Elderly is a 106-bed nursing home facility that provides 24-hour supervision and nursing care for adults and elderly persons whose medical, emotional, and behavioral needs cannot be addressed in a community setting. Located in Benton, the facility serves residents who have, in addition to medical problems, a developmental disability, severe dementia, or a long-term history of mental illness.

Staff at Glencliff strive to provide a continuum of services for the mentally ill and developmentally disabled elderly in a home-like atmosphere with an emphasis on independence, rehabilitation and whenever possible a return to the community. Nursing care and supervision are offered in a safe,

comfortable and therapeutic environment. Glencliff provides a high quality of medical care while ensuring the highest level of quality of life as possible.

In its annual survey for 2001, the Centers for Medicare and Medicaid Services praised Glencliff for its quality of care and quality of life and reported no deficiencies.

3) COMMUNITY MENTAL HEALTH SERVICES

The Office of Community Mental Health Services (OCMHS) manages and monitors contracts with 10 private, non-profit community mental health centers, peer support agencies and family support agencies across the state that provide services to individuals with serious mental illness or serious emotional disturbance (for a listing of the centers, go to page 126). New Hampshire has led the nation through the development and implementation of a contracting system based on key performance indicators designed to improve customer outcomes.

Within OCMHS there are focus four areas: Children's Services, Older Adult Services, Emergency Services and Peer and Family Support Services. The goal of these services is to maintain people in their local environment and to avoid expensive and disruptive institutionalization. Services include:

- Emergency assessment and stabilization;
- Outpatient assessment and treatment;
- Community supports such as employment counseling, residential services, case management, and rehabilitation;
- Acute Residential Treatment Programs – hospital diversion programs;
- Referrals and coordination of services; and
- Specialized services for children, including flexible funding and in-home/community wrap around supports.

Peer and Family Support Agencies. These innovative programs are managed and staffed by people who have experienced mental illness in their own lives. The programs offer residential and vocational services in a self-help environment to people with mental illness.

4) OFFICE OF HOMELESS AND HOUSING SERVICES

The mission of the Office of Homeless and Housing (OHHS) is to support a statewide housing system that serves as a safety net for homeless persons and to promote statewide access to affordable housing. OHHS provides leadership, resources and coordination among a large group of homeless service providers.

OHHS administers funds received from the State General Fund (for emergency shelters and the Housing Guarantee and Rental Guarantee Programs); from the Federal Center for Mental Health Services (for "Projects for Assistance in Transition from Homelessness") that provide outreach to homeless persons who have mental illness); and from the US Department of Housing and Urban Development (for emergency shelters, Homeless Outreach, Supportive Housing and Housing Opportunities for Persons with HIV/AIDS).

Services include:

- 1-800 Homeless Hotline to provide coordinated homeless and housing resources;
- Strategic outreach and intervention for unsheltered families and individuals;
- Domestic violence, emergency and other specialty shelters;
- Permanent housing for homeless people with handicaps;

- Security deposit loans;
- Prevention services;
- Public information, education and training services; and
- Rental guarantee program.

SUMMARY INFORMATION FOR BEHAVIORAL HEALTH

Major Program	Number of Clients Served SFY02	Funding SFY02	State Legislation	Federal Legislation	PAU #
New Hampshire Hospital	170 average daily census 1,375 admissions in SFY 02	$47.6m, ($45.9m General Fund, $1.7m other)	RSA 135-C: 4	N/A	05-01-11-06
Glencliff Home	82 average daily census	$8.9m General Fund	RSA 135-C: 4	N/A	05-01-11-05
Community Mental Health	37,280 individuals	$85.1m ($41.5m General Fund, $42m federal funds, $1.6m other)	RSA 135-C: 3	Federal Mental Health Block Grant	05-01-11-04-01 05-01-11-04-03 05-01-11-04-04 05-01-11-04-05 05-01-11-04-06 05-01-11-04-10 05-01-11-04-11 05-01-11-04-12 05-01-15-08-00
Homeless and Housing	6,811 individuals sheltered	$5.2m ($2.2m General Fund, $3m federal funds)	RSA 126-A: 25-32; 50-62	Housing and Urban Development	05-01-11-04-07 and 05-01-11-04-08

MAJOR ACCOMPLISHMENTS & INITIATIVES

Implementation of Performance-Based Contracting*:* DBH is continuing to develop Key Performance Indicators to insure that providers deliver services that promote recovery and therefore fulfill the statutory mandate to reduce the need for services.

Development of Consumer Choice and Control*: This initiative represents one of the most innovative methods of delivering behavioral health care. By utilizing a self-determination model, consumers for the first time will have the opportunity to exercise true choice in their treatment.*

Implementation of Evidence Based Practices*:* In conjunction with the Dartmouth Psychiatric Research Center, DBH is implementing a pilot program designed to deliver services that have been demonstrated through research to produce the best outcomes for our consumers.

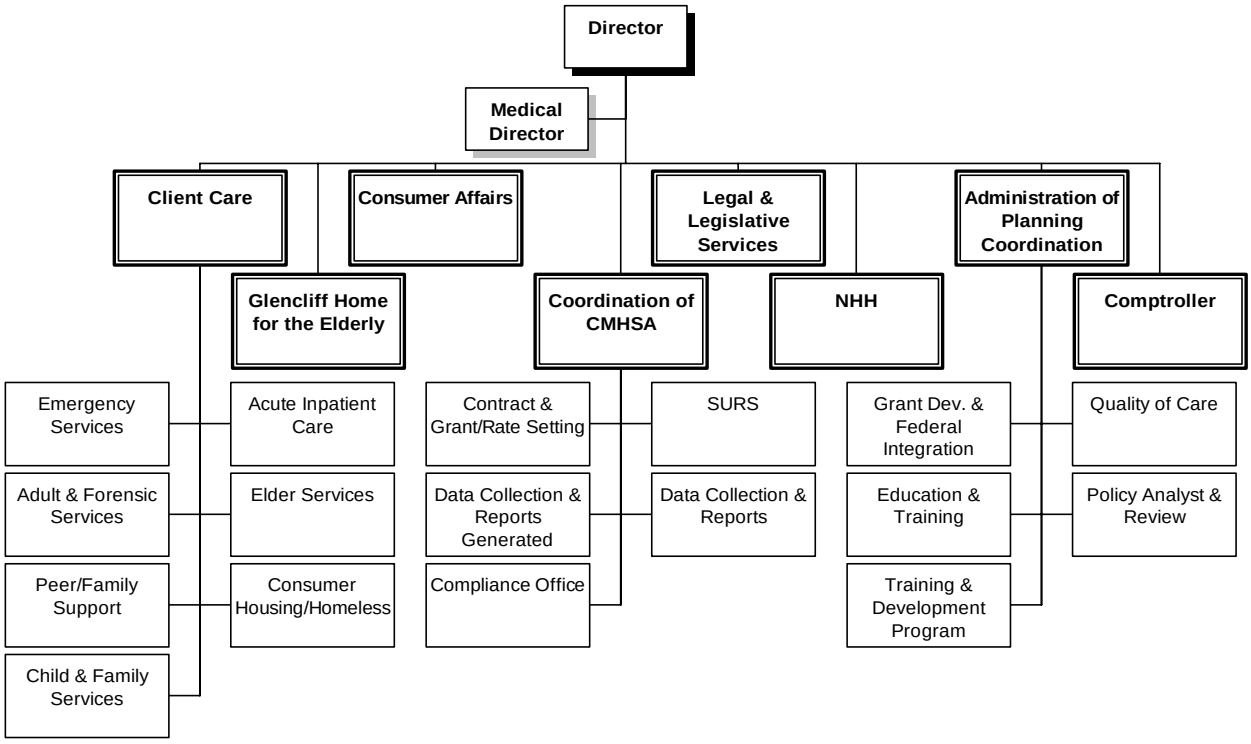
Establishment of a Systems of Care Model for Children's Services*:* This program, funded through CARE NH, focuses on family driven treatment for children who are at risk of extremely costly residential placements, and bringing those children currently in placement back into the community.

Creation of a Mental Health Court: This DBH-backed legislative initiative resulted in the establishment of a program in Cheshire County that will divert individuals with mental illness from the criminal justice system into the community mental health system, resulting in significant cost savings.

Community Outreach: DBH conducted a series of community forums that provided an opportunity for consumers, families, providers and all citizens to offer ideas on programs and services which should be made available and which should have budget priority.

Expanding Alternative Services to Decrease Utilization of NH Hospital: DBH continues to evaluate the development of an array of services designed to avoid costly institutional care. These services would include an expansion of peer crisis respite beds, short-term evaluation and stabilization beds within general hospitals and supportive housing opportunities.

DIVISION OF BEHAVIORAL HEALTH - ORGANIZATIONAL STRUCTURE



DIVISION FOR CHILDREN, YOUTH AND FAMILIES

129 Pleasant Street Tel: 603-217-4714
Concord, NH 03301 Fax: 603-271-4729

OVERVIEW

The Division for Children, Youth and Families (DCYF) manages child protective and child development programs on behalf of New Hampshire's children, youth and their families. DCYF staff provides a wide range of family-centered services with a central goal of meeting a parent's and a child's needs and strengthening the family system. Services are designed to support families and children in their own homes and communities whenever possible.

Services are provided through the Department's 12 district offices as well as by a variety of service and residential care providers located across New Hampshire. The Division's programs have an overall SFY02 budget of $121.7 million and a staffing allocation of 328 positions.

Vision
A state in which every child live's in a nurturing family and plays and goes to school in communities that are safe and cherish children.

Mission
Assisting families in the protection, development, permanency, and well being of their children and the communities in which they live.

PROGRAMS AREAS:

1) CHILD PROTECTIVE SERVICES
   a. Family Services
   b. Foster Care
   c. Teen Independent Living
   d. Adoption
2) DOMESTIC VIOLENCE
3) CHILD DEVELOPMENT, CHILD CARE AND HEAD START
4) INCENTIVE FUNDS PROGRAM
5) FAMILY RESOURCE AND SUPPORT PROGRAM
6) CHILD ABUSE PREVENTION
7) OTHER PROGRAM AREAS

1) CHILD PROTECTIVE SERVICES

The Bureau of Child Protective Services works to protect children from abuse and neglect while attempting to preserve the family unit. Child Protective Services help prevent further harm to children from intentional physical or mental injury, sexual abuse, exploitation, or neglect by a person responsible for the child's health and welfare.

DCYF has found that child maltreatment cases have become increasingly complex, frequently involving mental illness, domestic violence, substance abuse problems, poverty and poor health. In its work, Bureau staff work very closely with other DHHS divisions to coordinate services to address these problem in an integrated and seamless fashion. This close collaboration includes:

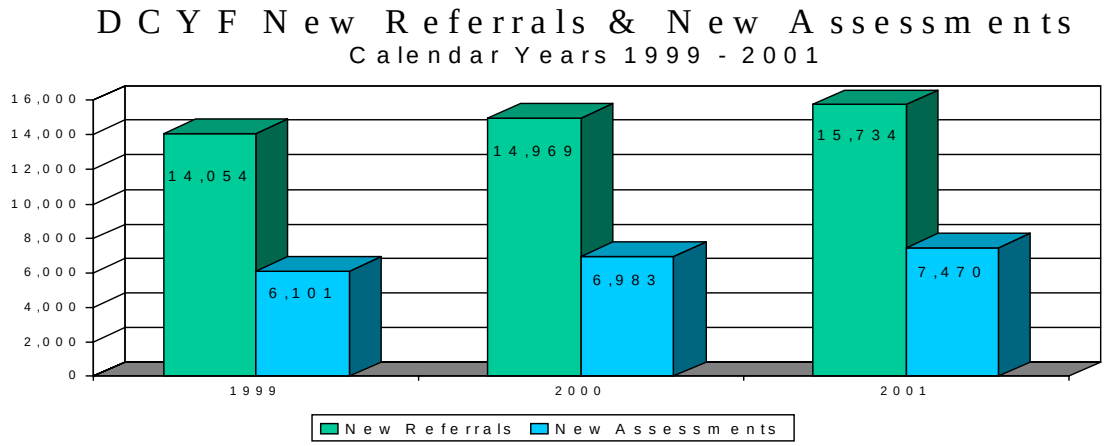
- the Division of Family Assistance to provide child care services for employment and training and in abuse/neglect cases; and TANF/ Food Stamp and Medicaid services to eligible DCYF families.
- the Division of Alcohol and Drug Abuse Prevention and Recovery to arrange for substance abuse treatment services to families in which children have been found to be maltreated.
- the Division of Behavioral Health to arrange for mental illness evaluations and treatment services for children and adults in abuse/neglect cases in the community and for the evaluation and treatment of children in facilities such as the Philbrook Center.
- the Office of Community and Public Health for such services as Maternal and Child Health and immunizations.
- the Division of Juvenile Justice Services with which DCYF works on joint cases involving abused/neglected youth who may also be involved in juvenile delinquency.
- Office of Health Planning and Medicaid to coordinate medical services to DCYF families and to provide services to DCYF families: Healthy Kids medical insurance coverage, Special Medical Services, dental services.
- the Division of Developmental Services for Family Centered Early Supports and Services for children with developmental delays and chronic health conditions.

Child Protective Service Workers (CPSWs) meet collaboratively with families to complete child abuse and neglect assessments, identify needs, and develop and implement a case plan. The case plan defines the specific safety needs of children and family members and outlines the method by which the family's protective service issues will be resolved.

An essential component of the Child Protective Services system is the recently implemented Structured Decision Making (SDM) tool utilized by Child Protective Service Workers to assess the risk of child maltreatment. SDM is discussed in greater detail under "initiatives" in this section.

- **Central Intake** – The Central Intake staff receives more than 15,000 initial allegations of abuse and neglect annually. The specialized staff of Central Intake evaluates all of these allegations and refers those that are determined to need further investigation to the appropriate district office for assessment. Central Intake staff also refers individuals to a variety of community agencies for services.

- **Assessment** – CPSWs complete comprehensive investigations on each report of alleged child abuse and neglect received form Central Intake. Out of the 15,734 initial allegations received by Central Intake staff in 2001, 7,470 reports of alleged abuse and neglect were investigated by CPSWs (see following chart for three-year history).



a. ***Family Services:*** Treatment and rehabilitative services are provided to those families whose children have been neglected or abused. In ninety-four percent of the cases, these services are provided within the child's family setting. Only 6% of cases result in the removal of a child from the home for some period of time. Reunifying the child with his or her family is always the goal when safety can be assured.

- *Foster Care:* Foster Care workers in district offices recruit, train, license, and match children entering the system with foster families best suited to meet specific children's needs.

b. ***Foster Care Health Program:*** This program focuses on meeting the health care needs of every child in an out-of-home placement. Each child receives a comprehensive health and developmental assessment within one month following placement in accordance with Federal Administration for Children and Families (ACF) requirements and the provisions of the Eric L. Lawsuit Settlement Agreement. DCYF nursing staff provides these services. The funding source for the nurses is 75% Federal (Medicaid) and 25% State.

c. ***Teen Independent Living****:* CPSW staff work with children in care who are age 16 and older, their foster care providers, and case managers to assist youth in making the transition to self sufficiency when they "age out" of care at age 18.

d. ***Adoption:*** Adoption Unit CPSW staff provides assessment and case management services for children whose parents' parental rights were terminated. Children are assessed for potential adoption, and adoptive parents are recruited, trained and provided with needed support.

2) DOMESTIC VIOLENCE

In conjunction with the NH Coalition Against Domestic and Sexual Violence, DCYF has assigned Program Specialists employed by local community crisis centers to each DHHS district office to help identify domestic violence situations and provide support to victims of domestic violence. The

specialists provide one-on-one consultation to staff and accept referrals for family intervention when the families request such referrals. These services are vital to increasing the safety net for the families and children served by DHHS and have gained wide acceptance from both the families and social services staff. Within DHHS, a task force meets regularly to coordinate and collaborate on domestic violence and sexual assault issues that are critical to serving New Hampshire's client population. DHHS also administers several grants that support direct service delivery by community agencies and crisis centers around issues of domestic violence and sexual abuse.

3) CHILD DEVELOPMENT, CHILD CARE AND HEAD START

The Child Development Bureau's mission is to help communities develop and maintain programs for young children that are healthy, safe, and appropriately responsive to children's physical, social, emotional, and cognitive development needs.

Staff provides technical assistance and support to early care and education programs, consumer education and child care training programs. This work includes training for child care providers, support and technical assistance for the care of children with special needs, consumer education on how to select child care, and community-based child care resource and referral agencies throughout the State that inform parents of child care options in their community.

The Bureau also monitors and develops policy for New Hampshire's $22.6 million child care scholarship program that serves approximately 7,000 children each month.

In addition, because implementation of welfare reform and the NH Employment Program necessitates the development of safe, appropriate child care placements, DHHS has identified the need for expanded quality child care services as a priority. DCYF provides child care scholarships for parents transitioning off financial assistance into employment and training opportunities and for those at risk of needing financial assistance. Parents may apply for a scholarship to help pay the cost of child care they need in order obtain employment, remain employed, or participate in training. Non-TANF clients may be eligible for child care scholarships for job search, employment, or training. Eligibility is up to 190% of the federal poverty guidelines.

Families may also be eligible for child care services through involvement with child protective services. In cases of abuse or neglect, case plans may use child care to safeguard young children while providing support services to the family. Child care is also used as a preventive service for families with children who are identified to be at risk of abuse or neglect.

4) INCENTIVE FUNDS PROGRAM

In SFY 2002 the Incentive Funds Program, a $3.2 million allocation from the State General Fund, supported an array of community-based programs defined in two broad categories of services: (1) prevention, family support, wellness, and (2) intervention and juvenile diversion programs. The funds are allocated quarterly to each of the State's 10 counties based upon the juvenile population and an equitable distribution formula. These funds support more than 200 programs that serve approximately 14,000 children and their families.

5) FAMILY RESOURCE AND SUPPORT PROGRAM

This contracted service seeks to intervene before the occurrence of familial and parental abuse or neglect on behalf of at-risk families and families in the process of reunification. Participation is voluntary. Services include home visiting and protective and preventive child care. DCYF

contracts with six agencies for 12 statewide regions to provide these support services to approximately 500 families annually.

6) CHILD ABUSE PREVENTION

DCYF funds several community-based prevention programs that specifically provide services to high-risk families. Services are also provided to medically fragile children and infants with the goal of preventing medical neglect and other disabling conditions.

7) OTHER PROGRAM AREAS

- *Bureau of Quality Improvement*: Responsible for designing and implementing standardized methods and tools to systematically evaluate the effectiveness of services provided by DCYF staff and by community-based service providers, and to continuously initiate quality improvement activities. The Bureau is also responsible for the management of the Federal Child and Family Services Review (CFSR) of New Hampshire's Child Protection Program scheduled for June 2003. This comprehensive review assesses New Hampshire's compliance with a variety of federal performance standards.

- *Special Investigations Unit*: Responsible for investigating all allegations of abuse and neglect in foster homes, institutional settings, and residential, educational and treatment facilities.

- *Bureau of Clinical Services*: The clinical services team works to insure that children and families receive quality services that best meet their needs. This team includes the Foster Care Health Nurses who focus on health care needs of children in foster care; a Psychiatric Social Worker who consults with field staff to develop solid plans for children and families with serious mental health needs; and Education Specialists who insure that effective educational planning occurs for children in placement with special educational needs. The unit is also responsible for the clinical oversight of the Domestic Violence Grant and the Greenbook Project (Grafton County) as well as the Substance Abuse Project (Hillsborough County) and the Permanency Plus Project (eastern Rockingham County). This unit reviews specialized placements and new behavioral health providers, addresses clinical issues with providers and placement resources as they arise and serves as the liaison with New Hampshire Hospital and Community Mental Health Centers regarding children's mental health issues.

- *Interstate Compact on the Placement of Children (ICPC):* Responsible for serving and protecting children who are placed across state lines for foster care or adoption. The Compact is a uniform law enacted by all 50 states, the District of Columbia, and the US Virgin Islands. It establishes orderly procedures for the interstate placement of children and fixes responsibility for those involved in placing the child.

- *The Bureau of Family and Community-Based Services*: This Bureau administers family resource and support services, foster care, adoption, community prevention, voluntary services, the Incentive Fund Program, and the Interstate Compact Placement of Children Program.

- *The Bureau of Staff Development and Training*: Staff Development and Training provides a wide variety of training for DCYF staff, service and residential care providers, foster families, and adoptive families.

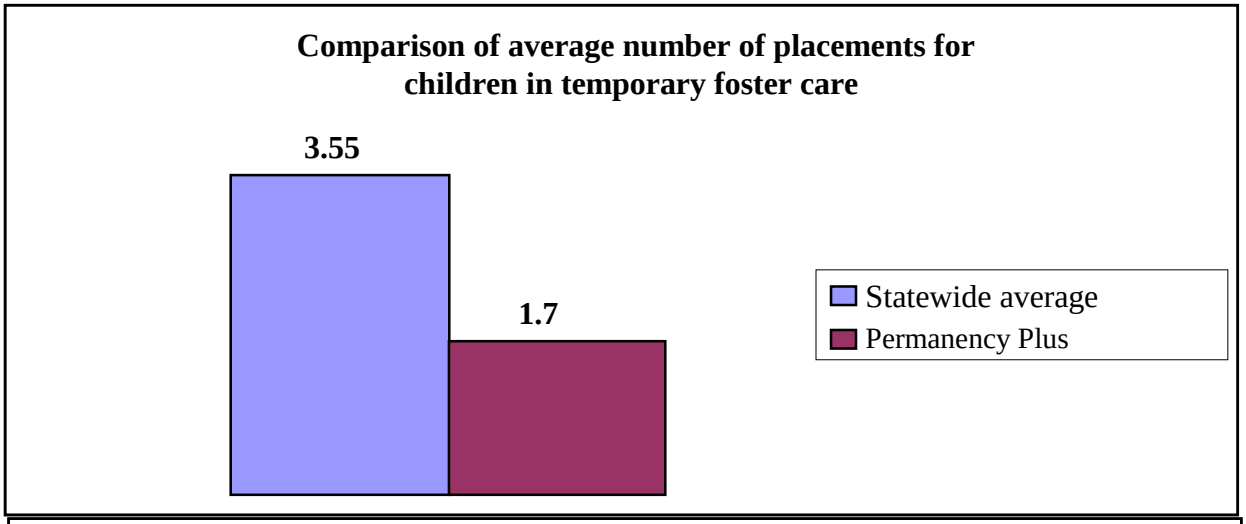
SUMMARY INFORMATION FOR THE DIVISION FOR CHILDREN, YOUTH AND FAMILIES

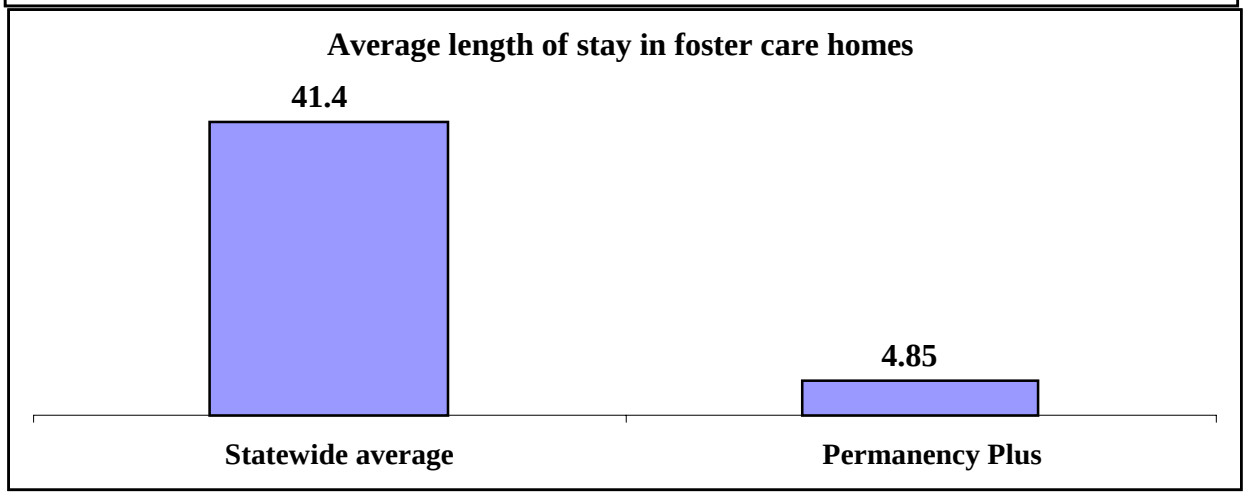
Major Program	Number of Clients Served SFY02	Funding SFY02	State Legislation	Federal Legislation	PAU #
Child Protection Services - Residential and Ancillary Services	2,340 Children	$32.8m ($17.5m General Fund, $10.8m federal funds; $4.5m county)	RSA 169-C Child Protection Act RSA 170-A Interstate Compact RSA 170-B Adoption RSA 170-C Termination of Parental Rights RSA 170-E Residential Care & Child Placing Agencies RSA 170-F Adoptive Care Act	42 USC 5101 CAPTA 42 USC 601, Part A TANF 42 USC, Subparts 1 & 2, 620 Part B Child & Family Services 42 USC, 670 Part E Fed Pay For Foster Care & Adoption Assistance 42 USC 1397 Block Grants (Title XX) To States for Social Services	05-08-07-01
Juvenile Services-Residential and Ancillary Services	1,937 Juvenile delinquents 760 Children in Need of Services (CHINS)	$19.3m ($10.3m General Fund, $6.4m federal funds, $2.6m county) $12.5m ($6.7m General Fund, $4.1m federal funds, $1.7m county)	RSA 169-A RSA 169-B (delinquency) RSA 169-D (CHINS) 170-G:14-16	42 USC 5633 (JJDPA) PL 105-119 (JAIBG)	05-08-07-01 05-08-07-01
Domestic Violence	8,000+ people served and 15,000 bed nights provided	$1.34m ($242k General Fund, $714k federal funds, $380k county)	RSA 173-B Protection Of Persons From Domestic Violence	Title 42, Chapter 110 Family Violence Prevention & Services	05-01-08-07 03
Child Develop-ment/Child Care	6,817 Children (Monthly average due to work and training related child care) 603 children (protective child care) 239 children (preventive child care)	$22m ($11m General Fund, $11m federal funds) $1.7m ($301k General Fund, $1.4m federal funds)	RSA 161, Human Services; RSA 167 Public Assistance to Blind, Aged, or Disabled Persons, and to Dependent Children; RSA 170-E, Child Day Care, Residential Care, and Child Placing Agencies	42 USC 9801 Community Economic Development 42 USC, 9858a & 9858(n) 2 Child Care and Development Block Grant 42 USC Subchapter II Head Start Programs 42 USC, 601-617 Part A, Block Grants for TANF	05-01-08-08-02

Incentive Funds Program	32,000 Children and their families	$3.3m General Fund	RSA 170-G:4 XVI		05-01-08-07-02
Family Resource and Support Program	More than 500 families	$1m federal funds	RSA 170-G: 4 XVI	42 USC 5101 & USC 5116, Title II Community Based Family Resource & Support Grants	05-01-08-09-01 05-01-08-09-05 05-01-08-09-03 05-01-08-08-02

ACCOMPLISHMENTS & INITIATIVES

Permanency Plus is a partnership between Easter Seals, Family Strength and DCYF to provide intensive reunification services to families of children placed in care through the Portsmouth District Office. Funding for this Program is 100% federal. Since June of 2000, this pilot program has served 100% of the children experiencing first time out-of-home placement from the Portsmouth DCYF catchment area, covering 22 towns and cities in eastern Rockingham County. Compared to the statewide average, children in the Permanency Plus Project experience half the placement changes and their length of stay in foster care is only 4.85 months compared to the statewide average of 41.4 months. This has proven to a very successful model for accelerating permanency. DCYF has requested a Federal waiver and additional support to implement this effective program in four additional areas in the state.





The Comprehensive Child and Family Services Plan Update: DCYF is in the fourth year of its five-year comprehensive, strategic child welfare plan which continues the implementation of strategies addressing child safety, permanence, and well being. The plan addresses a range of primary interventions and supports utilizing collaborations with community agencies. The plan describes the family supports that are provided through child protection services, child placement, and the achievement of permanent family situations for children affected by abuse and neglect.

Structured Decision Making (SDM): DCYF developed and implemented an automated case decision tool to assist workers in making critical case decisions. SDM was developed with the assistance of nationally recognized experts and, in December 2001, was integrated into the Bridges automated system. This tool helps workers reach decisions based on well-researched criteria and promotes consistent application of recognized best practices. The goal of SDM is to standardize practice and increase the efficiency and effectiveness of Child Protective Services. It enables DCYF to target its limited resources to families at highest risk of child maltreatment. Among the benefits of the SDM approach to case management are reductions in:

- Subsequent harm to maltreated children
- Further incidences of abuse/neglect
- The need for foster home placements
- The time for permanency to occur

National Accreditation: The Division continues its multi-year work plan to achieve accreditation in the areas of Child Protection, Adoption, Foster Care, and Independent Living through the Council on Accreditation of Services for Families and Children, Inc. (COA). This effort will yield numerous benefits, including the development and implementation of standards of best practice, improved service delivery, and a solid risk-management strategy to meet outcomes and reporting requirements of regulators and other parties.

IV-E Substance Abuse Project: A 100% federally funded demonstration project is currently underway in Hillsborough County involving specialized services to child protection families who are also affected by substance abuse. Partially supported through federal foster care funding, Licensed Alcohol and Drug Abuse Counselors work with designated families and child protective service workers to improve decisions about child safety and facilitate the provision of effective services in response to substance abuse issues in the home.

Child Care Market Rate Survey: In 2002, the Child Development Bureau conducted a survey of child care rates. The results will be used to ensure that current child care reimbursement rates are adequate.

Specialized Rates: Differentiated child care and foster care rates paying an additional $4.00 a day for children with disabilities were implemented in 2001. This additional financial support is designed to provide an incentive to child care providers to enable them to serve children with special needs.

State Plan on Childcare: DCYF issued the biennial State Plan on Child Care for submission to the federal government in 2001. A public engagement process included public hearings and discussions in communities around the State.

Criminal Records Check: During 2002, the Division expanded the process of completing criminal records and child abuse registry checks of license-exempt child care providers and their families who receive State funds to include the entire State.

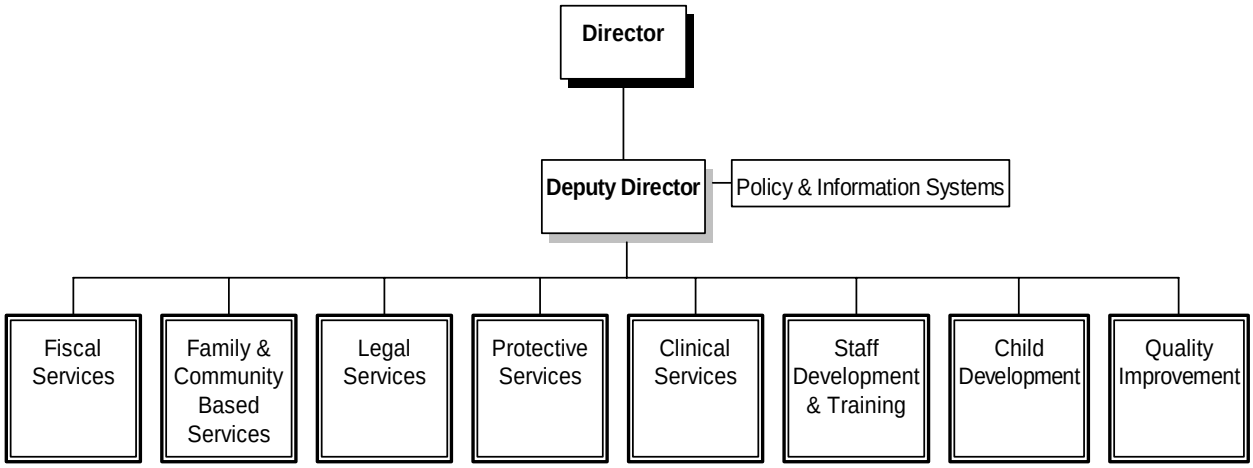
NH Bridges Project: The Bridges automated system supports the operational and reporting requirements of both the Division for Children, Youth and Families and the Division for Juvenile Justice Services. This system continues to be upgraded to support program requirements. The project involves changes to the Bridges system that will improve the user interface, the timeliness and accuracy of provider payments, compliance with federal Statewide Automated Child Welfare Information System (SACWIS) reporting requirements and national accreditation requirements. The system was recently modified to support juvenile justice functionality and associated data tracking.

The NH Bridges system, implemented in June 1997, provides DCYF with a child welfare management system that meets the federal Statewide Automated Child Welfare Information System (SACWIS), Adoption and Foster Care Analysis and Reporting System (AFCARS), and the National Child Abuse and Neglect Data System (NCANDS) requirements.

Training: DCYF has created an extensive competency-based training program for staff based on national standards. The Staff Development Unit (SDU) in partnership with Northeast families Institute (NFI), offers over 100 days of training every year including a two-day DCYF conference which consistently attracts over 700 participants. In addition, all new employees are required to attend a two-day DCYF orientation that provides an overview of the vision, mission, guiding principles, and resources of DCYF. Child Protective Service Workers then must complete an eight-week (26 days) training academy before receiving any cases. New staff complete a mentoring program and are assigned a "seasoned employee" who will mentor them for up to six months. Mentoring training is also part of the core academy training. Staff must complete 30 hours of training annually. A 12-day competency-based training program for supervisors is also offered. Training is open for human services providers, foster families, and adoptive families. In addition, DCYF operates a stipend training program in partnership with the University of New Hampshire and Plymouth State College for BSW and MSW students.

Foster and adoptive families as well as residential staff are trained and educated through a partnership with SDU and the College for Lifelong Learning (CLL). Staff also have the ability to further their professional development through this partnership.

DIVISION FOR CHILDREN, YOUTH AND FAMILIES – ORGANIZATIONAL STRUCTURE



DIVISION OF CHILD SUPPORT SERVICES

129 Pleasant Street Phone: 603-271-4578
Concord NH 03301 Fax: 603-271-4787

OVERVIEW

The Division of Child Support Services (DCSS) provides a range of services on behalf of minor children, allowing both non-Temporary Aid for Needy Families (TANF) and those families with children receiving TANF benefits or foster care to maintain or achieve self-sufficiency. TANF recipients must participate in the Child Support Program, and financial collections made on their behalf help offset the cost of that program. Others may receive services from DCSS upon application. Staff is located in each of the DHHS district offices throughout the State. DCSS also operates a specialized unit in Concord to work with other states when one of the parents in a New Hampshire child support case resides out-of-state.

DCSS receives critical assistance from other areas of the Department to provide its services. Division of Family Assistance (DFA) field staff assists TANF applicants in completing the Child Support application as part of the initial TANF eligibility process. DCSS staff continuously works with DFA and the Division for Children, Youth and Families on case management activities and with the Office of Health Planning and Medicaid in identifying health insurance carriers. In addition, Legal Services within the Department's Office of Program Support assist DCSS with child support court related activities. DHHS staff in the Office of Information Services provides the technical support for the operation of DCSS' automated system, and the Office of Finance staff assists with DCSS' accounting responsibilities.

Vision
Strengthening DCSS' role in a coordinated social services system that promotes family self-sufficiency

Mission
Supporting families with children

SERVICES

1) LOCATION OF DELINQUENT PAYORS
2) PATERNITY AND SUPPORT ESTABLISHMENT
3) ADMINISTRATIVE ENFORCEMENT
4) JUDICIAL ENFORCEMENT
5) FINANCIAL COLLECTION AND DISBURSEMENT OF SUPPORT
6) ORDER REVIEW AND MODIFICATION
7) INTERSTATE ESTABLISHMENT AND ENFORCEMENT

1) LOCATION OF DELINQUENT PAYORS

Through a variety of electronic and other data exchanges with federal and state agencies, DCSS locates individuals responsible for providing child support, their places of employment and their resources. DCSS automatically interfaces with the Federal Case Registry (FCR), a national repository of child support cases and orders. FCR information is compared, at the national level, to employment information contained in the National Directory of New Hires, and DCSS is advised of successful matches within three business days. Location of delinquent payors and their resources is also achieved through credit bureau matches, matches with utilities, and through the federal Multi-State Financial Institution Data Match. Each year, DCSS completes roughly 22,000 cases.

2) **PATERNITY AND SUPPORT ESTABLISHMENT**

Establishing paternity on behalf of a child is a key DCSS activity. Many paternities are established voluntarily through the State's Affidavit of Paternity process. An Affidavit has the same authority to establish paternity as a legal finding. DCSS reimburses hospitals and birthing centers for completed Affidavits. DCSS also provides for genetic testing to establish paternity when it is not acknowledged voluntarily. In federal fiscal year (FFI) 2001, paternity was resolved for 1,398 children in DCSS' caseload. The New Hampshire Superior and Family Division Courts establish financial support orders, based on the State's Child Support Guidelines. Courts may also order medical support if it is available at a reasonable cost. In FFY01, 2,828 support orders for DCSS cases were established.

3) ADMINISTRATIVE ENFORCEMENT

DCSS enforces court established orders through various administrative actions such as withholding wages, intercepting tax returns when financial support is past due, revoking licenses of delinquent payors, reporting delinquent payors to credit bureaus, placing liens on assets, taking lottery winnings and preventing the issuances of passports. Withheld wages account for over 65% of the State's child support collections.

4) JUDICIAL ENFORCEMENT

DCSS also works with the courts for the judicial enforcement of orders when the responsible parent does not comply with the establishment or enforcement of a child support order, and administrative actions have not been effective or determined would not be effective.

5) FINANCIAL COLLECTION AND DISBURSEMENT OF SUPPORT

DCSS collects, distributes and disburses financial support on behalf of dependents in child support cases. If not owed to offset TANF costs, collected child support payments are processed and mailed to the family within two business days of receipt. DCSS contracts with a vendor to perform State Disbursement Unit (SDU) services for billing, collecting and reconciling child support payments. In SFY02, DCSS collected over $80 million in payments.

6) ORDER REVIEW AND MODIFICATION

CSS may review child support orders if it has been more than three years since the order was established or modified, or when circumstances change. Orders are reviewed to determine if the amount remains appropriate for both parties. A review of the order and case circumstances may result in an upward or downward modification, or no change in the support amount. Open financial support cases are also regularly reviewed to insure inclusion of a medical support option.

7) INTERSTATE ESTABLISHMENT AND ENFORCEMENT

DCSS works with other states to establish and enforce child support orders when the non-custodial parent does not live in New Hampshire. DCSS works with child support agencies in other states to perform the same services listed above through its specialized unit called the Interstate Child Support Unit. DCSS provides establishment and enforcement services for other states when their non-custodial parents reside in New Hampshire.

PROGRAM PARTICIPANTS

Child Support participants include:

- Non-TANF recipients*:* Upon application, any New Hampshire parent or guardian may receive the above services on behalf of a minor child. The availability of these services often precludes the necessity for families to seek financial assistance from the State or local communities.
- TANF recipients*:* As a condition of TANF and Medicaid eligibility, recipients are required to cooperate with DCSS in establishing paternity and child and medical support orders as well as enforcing orders issued by the Court.
- Out-of-State residents*:* Custodial parents residing in other states are entitled to New Hampshire child support services to establish, enforce or modify orders when the non-custodial parent is working or living in New Hampshire. Reciprocal services from other states are available for New Hampshire families.
- Income withholding recipients*:* Either custodial or non-custodial parents (or guardians) may request income-withholding services exclusively. In such cases, DCSS, through its SDU vendor, serves as a clearinghouse, maintaining receipt and disbursement records of these child support payments. No other services, such as enforcement activities, are provided to the parties.

SYSTEMS SUPPORT

DCSS relies on automation to support the activities of its staff. DCSS' primary automated tool is the New England Child Support Enforcement System (NECSES). NECSES provides comprehensive child support case management through the following subsystems: Case Initiation; Case Management; Locate; Medical Support; Establishment; Enforcement; Financial Management and Interstate. A mainframe system designed in the mid-1980's, NECSES is nearing the end of its viability as an effective system.

DCSS uses its data warehouse, the Operational Reporting System (ORS), to help manage its business. ORS enables management and staff to retrieve, organize and analyze data in order to make informed business decisions. ORS also provides weekly standard reports allowing DCSS to continuously monitor and benchmark four areas key to the receipt of federal incentive funds which is based on performance: paternity establishment; order establishment; collection of current support owed and collection on cases with arrearages (past due support). In addition, ORS automatically produces mandated federal reports, providing accurate information and saving staff time.

SUMMARY INFORMATION FOR THE DIVISION OF CHILD SUPPORT SERVICES

Major Program	**Number of Clients Served SFY02**	**Funding SFY02** ***(1/3 state & 2/3 federal)***	**State Legislation**	**Federal Legislation**	**PAU #**
Child Support collections and distributions	44,707 children in 37,230 cases	$10.96m ($3.73m General Fund, $7.23m federal funds)	RSA 126-A, RSA 126-A:3, RSA 161, RSA 161-2, XIV and XVI, RSA 161-B, RSA 161-C, RSA 168-A, RSA 546-B	Title IV-D of the Social Security Act (42 USC § 654); Child Support Amendments of 1984; Family Support Act of 1988; Personal Responsibility and Work Opportunity Recon-ciliation Act of 1996	05-01-06-01-01

ACCOMPLISHMENTS & INITIATIVES

Continuously improved scores on federal performance measures used to determine receipt of incentive funding; averaged performance score in FFY01 score was second best nationally and first in federal DHHS Region I.

Re-programmed NECSES to be compliant with federal mandates necessary for system's certification; passed subsequent federal on-site certification audit of NECSES.

Contracted for the development of a cost/benefit based exemption request to defer the federal requirement for Social Security Numbers in relation to revocation of recreational licenses and subsequently received nation's only blanket waiver to requirement.

Successfully passed all elements of a federal Data Reliability Audit (DRA) in FFY01, ensuring full receipt of available federal incentive funds earned. The DRA is an annual on-site audit conducted by federal staff to verify the performance measures submitted by each state. Nationally, 26 states failed at least one element of the FFY01 DRA.

Increased distributed child support collections, from $70.2 million in FFY99 to $77.6 million in FFY01and over $80 million in SFY02.

Applied specialized enforcement measures throughout the district offices with the goals of improving service to families, increasing federal performance measure scores and testing innovative, efficient approaches for potential State-wide implementation.

Obtained SFY02-03 operating budget funding for a range of parenthood initiatives and began implementing the following activities: development of materials promoting the strengthening of families; development of a formal referral process with Community Action Program agencies under the Workforce Development Program to help non-custodial parents obtain training and employment and, with the assistance of the Division for Children, Youth and Families; funding of a pilot program in Coos County for voluntary case management services for both parents in newly opened TANF Child Support cases.

Increased the number of access and visitation grant awards from two to four, providing court referred mediation services in Coos, Carroll, Cheshire and Merrimack Counties. Mediation services help parents with children to resolve issues of custody and visitation.

Completed a comprehensive review of New Hampshire Child Support Guidelines, incorporating written and verbal testimony from the public and providing final report to the Legislature and other interested parties.

In collaboration with the Division of Family Assistance, implemented a process to ensure all appropriate enforcement actions have been taken to date on TANF child support cases approaching the five-year eligibility limit.

Initiated planning to create a child support unit in Salem, the only DHHS district office without such a unit. Child support services in the Salem area are currently provided on a part-time basis by staff from the Portsmouth district office.

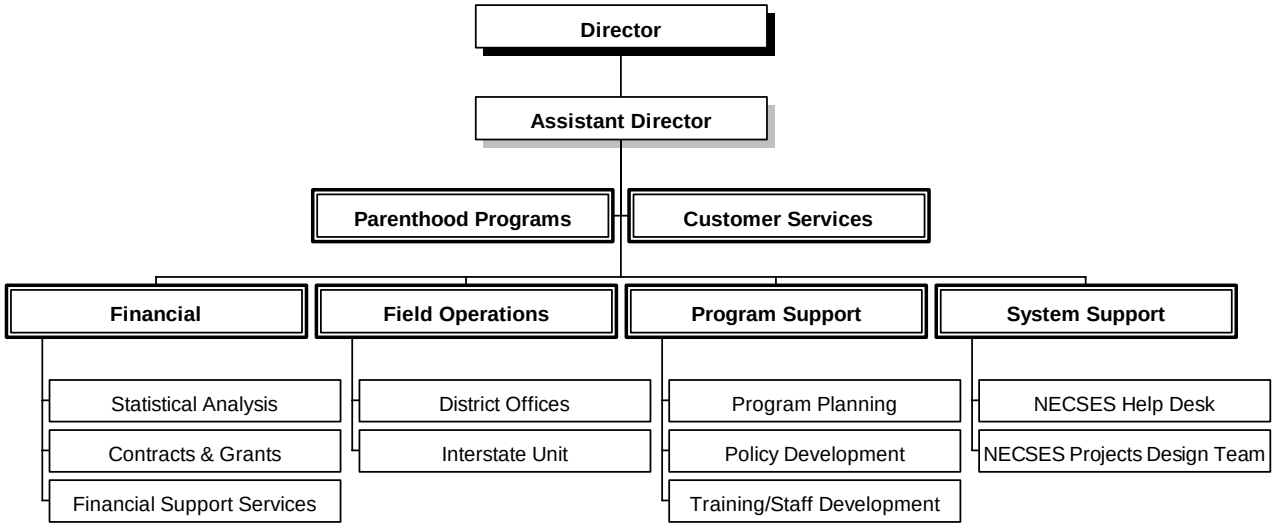
Installed a Spanish language option on DCSS' automated Interactive Voice Response System (IVR). The IVR provides child support customers, both payors and payees, with secure access to payment information 24 hours a day. 40,000 – 50,000 calls per month are made to the IVR.

Re-negotiated a contract to provide an off site backup to NECSES as part of DCSS' component of the Department's disaster recovery plan. This "hot" site will enable DCSS to continue basic processing of child support cases in the event NECSES becomes unavailable.

Released the 10th annual Ten Most Wanted Non-Supporting Parents poster. Since 1992, 82 of the 91 individuals listed on the posters have been located and over $1 million has been collected on behalf of their children.

Entered a new contract with a vendor for lockbox services that include billing, collection and processing of child support payments. An average of 33,500 child support payment checks are received and processed monthly. Under the new contract, the vendor re-located lockbox functions were relocated from Massachusetts to New Hampshire and services to assist employers submitting child support payments via wage assignments were added.

DIVISION OF CHILD SUPPORT SERVICES – ORGANIZATIONAL STRUCTURE



OFFICE OF COMMUNITY AND PUBLIC HEALTH

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OVERVIEW

OCPH is the State's lead agency responsible for providing the core public health capacity for NH citizens. OCPH operates programs and invests in partnerships to prevent disease and to promote healthy behaviors through community programs, with cost-saving dividends of reducing early death and disability and improving the health of New Hampshire citizens. The Office is funded 80% by federal grants.

Vision

To realize its mission, the Office of Community and Public Health will:

- Provide leadership to promote and protect the good health of the citizens of New Hampshire during public health emergencies;
- Assess the health status of, and identify needed health resources and services for, individuals, families and communities;
- Develop policies, programs and services that prevent illness and injury, promote good health and remove barriers to the achievement of good health;
- Provide leadership to assure that health services and health information are available and accessible; and
- Provide leadership that ensures that individuals and their families live, work, and rest in safe and healthy communities.

Mission

The mission of the Office of Community and Public Health (OCPH) can be summarized in three words: Prevention, Promotion, and Protection. In its broadest sense, the mission is to assure the health and well being of communities and populations in New Hampshire by protecting and promoting the physical, mental and environmental health of its citizens and by preventing disease, injury and disability.

CPH has utilized its position within DHHS to leverage resources and maximize the potential for protecting the health of New Hampshire citizens and visitors to the state; promoting health and well being of its citizenry and preventing disease, injury and long term disability across the lifespan. The internal DHHS partnerships result in better coordination and reduction of duplicative efforts as well as improved health outcomes. Examples of the integration of efforts across the Department include the focus on improving oral health illustrated by a combined oral health improvement workplan and strategy between OCPH and the Office of Health Planning and Medicaid (OHPM); reducing the use of tobacco, alcohol and other drugs by capitalizing on community coalitions that receive funding from both OCPH and DADAPR; work to prevent injuries related to falls, as well as chronic and acute illnesses such as West Nile Virus in the elderly as illustrated by partnerships between OCPH and the Division of Elderly & Adult Services (DEAS) on these subjects; and maximizing federal participation in caring for low income, Medicaid eligible citizens via the OCPH funded Community Health Centers and OHPM Medicaid Program.

There are many other examples of cross-divisional initiatives but at the core is the ability to apply the art and science of public health and the three core functions-assessment, policy formation and evaluation- to specific populations and population needs that are within the various divisions within DHHS.

OCPH is organized into four major program divisions as listed below and is, as well, the administrative home of the Health Services Planning and Review unit.

1) FAMILY AND COMMUNITY HEALTH
    a. Bureau of Maternal & Child Health
    b. Bureau of Primary Care & Rural Health
    c. Human Immunodeficiency Virus (HIV) Prevention Program
    d. Ryan White CARE Program
    e. Sexually Transmitted Disease (STD) Prevention Program
    f. Immunization Program
2) CHRONIC DISEASE PREVENTION
    a. Bureau of Nutrition and Health Promotion (BNHP)
    b. Tobacco Prevention and Control Program (TPCP)
    c. Breast and Cervical Cancer Program (BCCP)
    d. Diabetes Education Program (DEP)
    e. Asthma Control Program
3) EPIDEMIOLOGY AND VITAL STATISTICS
    a. Bureau of Communicable Disease Control
    b. Bureau of Communicable Disease Surveillance
    c. Bureau of Emergency Preparedness and Response (BEPR)
    d. Bureau of Health Statistics and Data Management (BHSDM)
    e. Bureau of Vital Records (BVR)
4) LABORATORY SCIENCES AND ENVIRONMENTAL HEALTH
    a. Bureau of Environmental and Occupational Health (BEOH)
    b. Public Health Laboratories (PHL)
    c. Bureau of Radiological Health (BRH)

In addition to the major program divisions, OCPH manages two other important initiatives within DHHS:

- *Bioterrorism and Public Health Emergencies:* protecting New Hampshire citizens in the event of a bioterrorism incident or other public health emergency. The primary goal of this initiative is to ensure the readiness of the State to respond to public health emergencies such as bioterrorism, chemical or radiological threats or natural disasters in order to prevent and reduce associated illness and death.

- *Healthy New Hampshire 2010*: is New Hampshire's first disease prevention and health promotion agenda and is a collaborative effort of New Hampshire leaders and citizens under the direction of the Healthy New Hampshire Leadership Council. As a private-public initiative, this agenda represents a shared vision and responsibility for improving the health and quality of life for all citizens and sets specific goals to achieve by 2010. The mission of Healthy New Hampshire 2010 is to inspire action, focus resources and engage private and public partners to improve the quality of life and years of healthy life for the State's residents.

1) DIVISION OF FAMILY AND COMMUNITY HEALTH (DFCH)

DFCH manages grants to community-based agencies for medical and preventive health services, sets policy, provides technical assistance and education, and carries out quality assurance activities in its programmatic areas of expertise. These community-based agencies provide a critical safety-net of health care for underserved individuals who face barriers to accessing health care, such as a lack of insurance, inability to pay, cultural and ethnic issues, and geographic isolation. DFCH

works to address the unmet health needs of low-income individuals and underserved communities through a variety of programs and services.

a. ***Bureau of Maternal and Child Health (BMCH)****:* The mission of the BMCH is to improve the availability of and access to quality, community-based, preventive and primary health care for all children and to improve the availability of and access to reproductive health care for all women and their partners regardless of ability to pay. Funding for BCMH programs is 45% federal and 55% General Funds. To accomplish this mission, BMCH administers a broad array of programs.

OCPH supports statewide maternal and child health programs through both direct and contracted services with community health agencies around the State to deliver services to pregnant women, their children and their partners. BMCH programs are as follows:

- The *Child Health Program* contracts with nine community health agencies and eight community health centers to provide comprehensive, preventive health care services to low-income children through clinic and home visits. These services are used primarily by children from birth through age 10 and include physical exams, health screenings, immunizations, anticipatory guidance, social services, and case management. Four community health agencies offer support services to families where children may have a primary health care provider but need additional services. Additional services include assistance with health care enrollment, referrals, case management, care coordination, and education and counseling relative to the child and family.

- The *Family Planning Program* (FPP) provides educational and clinical services to help individuals maintain their reproductive health and to prevent unintended pregnancies. The program focuses on serving low-income men, women and teens. Services include: comprehensive, reproductive health care including routine exams; screening for sexually transmitted infections and a wide range of contraceptive methods; pregnancy testing and counseling; and community education on reproductive health. All services are confidential, offered at a reasonable cost and free to those unable to pay. A network of Teen Reproductive Health Clinics meets the special needs of young people with after-school hours of operation and teen-friendly staff and waiting rooms. At these clinics informed peer educators provide information, encourage parent-child communication, and reinforce abstinence as the only sure way to prevent unintended pregnancy and sexually transmitted diseases.

- *Home Visiting NH* is a preventive program that provides health, education, support and linkages to community services to Medicaid-eligible pregnant women and their families in their home. Home Visiting NH utilizes the *Parents as Teachers Born to Learn* curriculum as well as educational materials developed by BMCH to assist in health and safety promotion. There are 19 community-based agencies that provide these services.

- The *Prenatal Program* promotes positive pregnancy outcomes for all New Hampshire women by reducing maternal and infant morbidity and mortality. The Prenatal Program contracts with six community health agencies and eight primary care agencies to provide comprehensive prenatal care to low income, uninsured or underinsured women. Services available include: medical care; nutrition services; social services; nursing care; case management; home visiting; and referral to specialty care services as needed.

In addition to these four major program areas BMCH administers other related programs:

- The *Injury Prevention Program* provides leadership and support to state agencies and local community initiatives to prevent intentional and unintentional injuries.
- The *Sudden Infant Death Syndrome (SIDS) Program* offers information, support and resources to family and care providers of infants suspected to have died of SIDS.
- The *Newborn Metabolic Screening Program* monitors the blood screening of all infants for up to seven potentially serious disorders and ensures immediate follow-up for abnormal results.
- The *Adolescent Health Program* defines the need and scope of adolescent health services in the state through a needs assessment and strategic planning process.
- The *Universal Newborn Hearing Screening Program* screens newborns for possible hearing loss or deafness to ensue timely and appropriate intervention.
- The *Preschool Vision & Hearing Program* conducts screening clinics throughout New Hampshire for children ages 3 1/2 to 6 years old and provides referrals and follow-up.
- *Healthy Child Care New Hampshire* seeks to improve the health and safety of child care through health consultation and education.
- The *Folic Acid Project* is a collaborative effort between WIC, MCH and the March of Dimes to promote, via the media, the intake of adequate amounts of folic acid in women of childbearing age in order to decrease the incidence of neural tube defects.

b. ***Bureau of Primary Care and Rural Health (BPCRH)***: The BPCRH includes the State Office of Rural Health, the Primary Care Office, and the Oral Health Program. The mission of BPCRH is to improve access to health care services throughout New Hampshire particularly for those without commercial insurance.

BPCRH funds agencies and initiatives that reduce barriers to health care including community health centers, school and community-based oral health services, the J-1 Visa Waiver Program, the Loan Repayment Program, the identification of medically underserved areas, clinician recruitment and retention efforts, and the Rural Hospital Flexibility Program. Funding for BPCRH programs is 75% federal and 25% General Funds.

- *Rural Health Program/State Office of Rural Health*: This program works to improve the health of rural populations and promote partnerships among rural communities, health organizations, and providers throughout the State. The program serves as an information clearinghouse for rural health and primary care issues and provides technical assistance to rural health providers in practice management, network development, managed care contracting, and funding proposal development. In addition, the Medicare Rural Hospital Flexibility Program ensures that residents in rural areas continue to have access to quality inpatient and outpatient care.

- *Primary Care Office (PCO)*: The PCO works with other State agencies and stakeholders to ensure and improve access to quality preventive and primary health care services particularly for those without commercial insurance. Through the PCO and other programs, community health centers are financially supported and provided with technical assistance to help them offer quality healthcare services to any New Hampshire resident regardless of an individual's ability to pay. Another PCO program intended to reduce barriers to health care is the Loan Repayment Program for health care providers working in medically underserved areas of New Hampshire. This program offers licensed health professionals an opportunity to receive partial repayment of their

education loans in exchange for serving the uninsured and the Medicaid and Medicare populations in medical underserved areas.

Access to certain health care providers is a challenge in some New Hampshire communities. The PCO leads efforts to designate areas that have a healthcare provider shortage. These designations guide healthcare organizations and public agencies to prioritize funds and provider placement.

Additional responsibilities of the PCO program include:

- Further address recruitment and retention issues by administration of the J-1 Visa Waiver for international medical graduates;
- Oversee Health Professional Shortage Area (HPSA), and Medically Underserved Area and Medically Underserved Populations (MUA/P) designation requests that are sent to the federal government;
- Assist in development and implementation of policies relating to rural health, primary care, and oral health issues; and
- Collaborate with the OHPM to address issues concerning the financial health of safety net providers.

- *Rural Hospital Flexibility Program*: (Critical Access Hospital Program) This is a federal (Medicare) program whereby states with small rural hospitals may designate those hospitals as Critical Access Hospitals (CAH). This program is a response to the financial crisis facing these hospitals that are frequently the sole health care provider in small rural communities, in part due to the disproportionately high Medicare payor mix as compared to hospitals in less rural areas. Medicare reimbursement rates to the CAH are based on the facility's 'reasonable' costs incurred to deliver care and often offer more attractive payment levels than the current reimbursement system.

  New Hampshire's Critical Access Hospital Plan (NH CAH Plan), approved by the federal Centers for Medicare and Medicaid Services, identified 11 small rural hospitals that are eligible for critical access conversion. Four of these hospitals converted to CAH status in 2001. They are: Upper Connecticut Valley Hospital, Colebrook; Cottage Hospital, Woodsville; Weeks Medical Center, Lancaster; and Littleton Regional Hospital, Littleton. A CAH may have no more than 15 licensed acute care beds and 10 swing beds, for a total of 25 beds.

- *Oral Health Program*: This program started with a federal grant to support fluoridation initiatives and to respond to the priority need for oral health services statewide. The Oral Health Program strives to improve the oral health of New Hampshire residents by enhancing access to dental services through the combined efforts of the State's Healthy Kids Program, private foundations, dental professionals, and community organizations.

  To be eligible for dental treatment through this program, a client must meet the financial eligibility criteria for Medicaid. Eligibility for oral health services in local communities varies significantly across programs. Since community-based oral health programs are local in nature, eligibility for service depends on the population served in each community. For example, some communities focus on oral health services for children (usually students K-6), some on adults, and still others provide services to a broad

population. Because of the overwhelming demand for dental service, all programs have significant waiting lists of individuals needing treatment.

The Oral Health Program also identifies dental health professional shortage areas, allowing dentists and hygienists to be eligible for the PCO Loan Repayment Program.

Since SFY00, the Oral Health Program has provided technical assistance and financial support to help initiate new community based oral health programs in Claremont, Littleton, Nashua, and Colebrook, among others. In SFY02 approximately 13,000 children and adults were screened or treated in dental programs supported by The Oral Health Program.

c. ***Human Immunodeficiency Virus (HIV) Prevention Program*:** The HIV Prevention Program operates targeted prevention efforts for HIV positive individuals and education and support programs for those known to be at high risk of HIV infection and those who consistently engage in behaviors that increase the risk for HIV acquisition or transmission. The Project works to reduce rates of new infection and to increase the number of infected individuals who are identified early in the course of disease and linked to medical treatment, psychosocial supports, and ongoing prevention counseling, including support in encouraging partners to be tested. Funding for these programs is 80% federal and 20% General Fund. The following services are provided by 20 contractual agencies throughout the State:

- *HIV Counseling and Testing Services*: The HIV Prevention Program oversees a statewide network of 19 HIV Counseling and Testing clinics, as well as four mobile vans that also provide STD clinic services. These fixed clinics enhance access to screening, assessment, education and referral services among individuals who are engaging in risk behaviors but who may be unaware of their HIV status. Clients receive confidential risk assessment, personalized risk reduction education, low to no-cost HIV testing and referrals for medical and supportive services.

- *Prevention Education and Risk Reduction*: These services target individuals and communities at risk to acquire or transmit HIV. Examples of targeted individuals include persons living with HIV and their partners, injection drug users, men who have sex with men, at-risk communities of color, and incarcerated individuals. Prevention education focuses on maintaining and sustaining positive health behaviors.

- *Partner Counseling and Referral Services (PCRS*): These services offer assistance to notify sex or needle-sharing partners of persons reported with HIV/AIDS (Acquired Immune Deficiency Syndrome) infection. Program staff notify partners of possible risk exposures without disclosing the identity of the infected partner. PCRS provides access to services such as free voluntary and confidential counseling and referrals for medical care and support services for clients with HIV.

- *New Hampshire HIV Prevention Community Planning Group (CPG)*: This group plays a key role in prevention program planning for the State. On-going participatory planning for HIV prevention is designed to secure a broad range of perspectives, build consensus and mobilize resources to make decision about HIV prevention programs.

d. ***Ryan White CARE Program***: The Ryan White CARE Act (Comprehensive Acquired Immune Deficiency Syndrome Resources Emergency), enacted by Congress in 1990, aims to

increase accessibility to health care and support services for persons living with HIV. DHHS receives funding through the Ryan White CARE Act to provide life-sustaining medications and to ensure quality clinical and case management services to New Hampshire residents who are infected with HIV and are not eligible for medical assistance under Medicaid. These services include prescription medication coverage; health insurance continuation; primary and specialty care services; home health care; and case management.

In 2001, CARE Programs provided life-sustaining services to 305 HIV-infected New Hampshire residents. CARE Programs have been and largely remain the sole source of funding for many life sustaining HIV care services for non-Medicaid eligible HIV infected clients. In July 2002, the NH AIDS Drug Assistance Program (ADAP) became only the third state ADAP in the nation to expand its drug coverage to nearly all FDA approved medications.

e. ***Sexually Transmitted Diseases (STD) Prevention Program***: This program assures the availability of statewide preventive, clinical services for the screening, treatment, and referral of individuals at-risk for sexually transmitted infections. Funding for these programs is 80% federal and 20% General Fund. The Department supports statewide STD prevention efforts through both direct and contracted services, including the following:

- The *Comprehensive Sexually Transmitted Diseases Prevention Services (CSPS)* Project uses 20 STD clinics and four mobile vans throughout the state that also provide HIV clinic services. These clinics facilitate access to screening, assessment and treatment services for uninsured and underinsured individuals. In 2001, 4,045 client visits were supported. CSPS also provides partner services to help persons infected with an STD to identify persons still at risk of infection and locate and refer them to clinical services. In 2001, 354 individuals were interviewed to identify persons at risk of infection and 142 additional New Hampshire residents were referred to clinical services.

- The *Infertility Prevention Project* is a collaborative effort with family planning and other women's health-care providers to promote screening for Chlamydia Trachomatis. In 2001, 2240 individuals were tested with 6% of those testing positive. The Project links surveillance, clinical, laboratory, and epidemiologic activities to prevent transmission of STDs that result in Pelvic Inflammatory Disease, infertility, and ectopic pregnancy.

- The *STD Candidate Performance Measures Pilot Project* is one of seven federally funded pilot projects to assess project area-specific STD prevention performance. The main purpose of pilot project is to develop and implement a national performance measurement system to improve STD prevention in this country.

f. ***Immunization Program***: The mission of the Immunization Program is to reduce or eliminate all vaccine preventable diseases. Funds to support vaccination purchases come from the National Immunization Program at the Centers for Disease Control and Prevention, the State General Fund, and a New Hampshire Vaccine Association that is supported by health insurers. There are approximately 340,500 children under age 18 in New Hampshire that receive vaccines through this program. The program also promotes immunization initiatives for children and adults to assure the opportunity for a lifetime of protection from vaccine preventable diseases.

Immunization of children for selected diseases is required for school and day care entry in accordance with State statutes. Immunizations are currently required for Diphtheria,

Tetanus, Pertussis, Polio, Measles, Rubella, Mumps and Hepatitis B. The Immunization Program is a resource for healthcare providers and the public regarding the importance of vaccination for all vaccine preventable diseases.

SUMMARY INFORMATION FOR FAMILY AND COMMUNITY HEALTH PROGRAMS

Major Program	**Number of Clients Served SFY02**	**Funding SFY03**	**State Legislation**	**Federal Legislation**	**PAU #**
Bureau of Maternal and Child Health	73,163 women and children assisted (1999 data)	$5.9m ($2.9m General Fund, $3m federal funds)	RSA 132:11 RSA 132:12	Title V and Title X of the Social Security Act	05-01-07-04-06 & 07
Bureau of Rural Health/Primary Care	N/A - Statewide program	$1.7m ($1.4m General Fund, $.3m federal funds)		Public Health and Emergencies Act of 2001	05-01-07-04-03
Oral Health Program	11,000 children and adults	$.6m ($.2m General Fund, $.4m federal funds	None	None	05-01-07-04-02
Sexually Transmitted Disease/HIV Prevention Program	11,000 women and men	$3.2m ($.4m General Fund, $2.5m federal funds, $.3m other)	RSA 141:C RSA 141:F	Ryan White Comprehensive AIDS Resources Emergency Act of 1990	05-01-07-04-05
Immunization Program	Shipped 449,087 doses to 368 providers; 340,500 children eligible	$7.5m ($1m General Fund, $5.1m federal funds, $1.4m Childhood Vaccine Coop. Fund)	RSA 141-C:6 RSA 141-C:17 RSA 141-C:20 RSA 141-C:22 RSA 126-P	Section 317 of Public Health Service Act Section 1928 of Social Security Act National Childhood Vaccine Injury Act	05-01-07-04-04

2) DIVISION OF CHRONIC DISEASE PREVENTION (DCDP)

The mission of DCDP is to prevent premature death and disability from chronic diseases; to promote healthy personal behaviors; and to promote healthy nutrition. To accomplish this mission DCDP partners with New Hampshire health and education agencies, community health centers, local and national voluntary agencies and associations, the private sector, and federal agencies. All activities undertaken by DCDP and the programs and services within DCDP are designed to improve the quality of life and extend the years of healthy living for State residents. These programs and service are as follows:

a. ***Bureau of Nutrition and Health Promotion (BNHP*)**: BNHP administers nutrition and health programs across the State under two primary organizational units: Nutrition Services and Disease Prevention & Health Promotion Services. These two units provide nutrition and physical activity promotion through both direct service efforts and education and training activities.

Nutrition Services: Nutrition Services administers seven nutrition programs that work tom promote health and prevent chronic disease. They include:

- The *Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)* provides food vouchers and related health and nutrition services to 17,000 women, infants and children from low-income and working families each month;

- *The Commodity Supplemental Food Program (CSFP)* provides USDA commodity foods and related nutrition services to women and children whose WIC eligibility has expired and to low-income elderly, serving 8,000 participants each month;

- *The Farmers' Market Nutrition Program* provides coupons for fresh produce to WIC and CSFP participants each summer;

- *The Folic Acid Education & Surveillance Program* provides public and professional education regarding the role of folic acid in preventing neural tube defects;

- The *Breastfeeding Promotion and Support Program* is a public awareness effort to increase awareness of the benefits of breastfeeding as well as to provide resources and support to women breastfeeding;

- The *5 A Day for Better Health Program* promotes a simple positive message-eat five to nine servings of vegetables and fruits every day for better health, and the program is part of a nationwide nutrition education initiative; and

- The *New England PARTNERS Project* is a six-state initiative to test the use of "smart cards" (cards that work similar to automated teller machine cards) to allow families access to a variety of services. The card will also store certain eligibility and demographic information, helping referrals to other needed services and coordinating services among agencies involved with a family. The development phase is underway, and a pilot test is planned for late 2003.

Disease Prevention & Health Promotion Services: Disease Prevention & Health Promotion Services is responsible for the development, coordination and monitoring of health risk reduction projects. Program focus areas include:

- *The Physical Activity Promotion Program* works with wellness teams throughout the State to increase physical activity in communities, schools, worksites, and older adult communities, and with physical education professionals to introduce innovative programming for New Hampshire youth;

- *The Arthritis Management and Control Program* conducts educational training and training on physical activity programming for people with arthritis and for health care providers who serve these individuals;

- *The Osteoporosis Prevention and Control Program* provides public education and resources that address prevention and treatment of osteoporosis and maintenance of bone health;

- *The Distance Learning Program* offers educational opportunities to healthcare providers, educators, and public health professionals to strengthen New Hampshire's public health infrastructure; and

- *The Health Promotion Library* is a resource for public health professionals, healthcare providers, educators, and the public, providing print, audio, video, and web-generated reference materials for circulation.

b. ***Tobacco Prevention and Control Program (TPCP)*:** Tobacco use is the number one cause of preventable death in the State and the country. This program concentrates its efforts on social and environmental changes to reduce the prevalence and consumption of tobacco use by adults, young adults and children among all populations in New Hampshire. The TPCP uses a comprehensive approach to achieve its primary goals of preventing the initiation of tobacco use; eliminating exposure to secondhand smoke; promoting cessation; and eliminating the disparate use of tobacco by special population groups in the state.

TPCP carries out a number of strategies to achieve its goals.

- The program provides grants to New Hampshire's diverse communities to support local tobacco prevention organizations. In 2002, TPCP supported 18 community-based coalitions, providing financial support, technical assistance and training.

- TPCP coordinates the efforts of the Youth Network Opposing Tobacco (YNOT), a statewide network of teens exploring the dangers of tobacco use and the promotional practices of the tobacco industry.

- TPCP conducts surveillance and evaluation to measure the prevalence of tobacco and to monitor attitudes, knowledge and practices regarding tobacco use.

- TPCP monitors compliance with the New Hampshire Indoor Smoking Act and works in partnership with the State Liquor Commission to check retail compliance with youth access to tobacco laws.

- TPCP provides educational materials to the public and to health care providers on a variety of tobacco use and dependency topics ranging from preventing youth from starting to use tobacco to helping addicted tobacco users to seek dependency treatment.

- TPCP oversees advertising and media campaigns designed to counter the large expenditures the tobacco industry makes promoting its products in New Hampshire.

c. ***Comprehensive Cancer Control Program*:** The Comprehensive Cancer Control Program is in the initial stage of development. The goal is to provide services for the prevention, early detection and surveillance of cancer. Cancer is the most common cause of death for New Hampshire adults age 35 to 74 and the second leading cause of death across all age groups. The incidence and deaths rates from some cancers are higher in New Hampshire than the national average, making cancer a serious public health issue.

DHHS has provided funding for the "*Let No Women Be Overlooked*" Breast and Cervical Cancer Screening Program since 1985. In 1990, the US Congress passed the Breast and

Cervical Cancer Mortality Prevention Act that provided funding for the National Breast and Cervical Cancer Early Detection Program.

DHHS has combined its State resources with federal funding since 1993 to support a statewide Breast and Cervical Cancer Control Program. The program offers eligible participants access to women's health exams, mammography screenings, pap smears and gynecology exams.

The mission of this program is to plan, promote and implement programs of education and screening to reduce mortality rates, through early detection of breast and cervical cancer among women. This mission is carried out statewide through a comprehensive program that addressees screening, public education, coalition building, quality assurance, case management, professional education and surveillance.

d. ***Diabetes Education Program (DEP):*** The Diabetes Education Program's mission is to prevent or delay the onset of diabetes-related health problems by improving quality of care for those living with diabetes in the systems through which most State residents receive their health care. Activities are delivered primarily through community health centers and primary care providers.

The goals of the Diabetes Education Program are to:

- Demonstrate progress in reducing health disparities in high-risk populations with respect to diabetes prevention and control;
- Demonstrate an increase in persons with diabetes who receive Hemoglobin A1C testing, lipid profile, dilated eye exam, kidney disease monitoring, foot examination, and flu and pneumococcal vaccine in accordance with *NH Guidelines for Diabetes Care*;
- Demonstrate progress in establishing linkages with other partners to promote wellness and physical activity for persons with diabetes; and
- Continue to serve as the focal point for diabetes activities in the State, bringing together diverse partners to address all aspects of the burden of diabetes.

DEP conducts many of its activities through its Diabetes Capacity Building Grants Programs at community health centers throughout New Hampshire. Funds are provided to contract agencies to improve the quality of diabetes management in primary care settings through the development of systems-based initiatives that:

- Enhance the skills of clinicians and the health care team;
- Expand diabetes self management programs; and
- Improve clinical outcome measures

e. ***Asthma Control Program:*** At the end of 2001, the Centers for Disease Control and Prevention awarded DHHS a three-year planning grant to establish an Asthma Control Program. The program is designed to focus on asthma prevention and control from a public health perspective. Over the three-year planning period, program objectives are to:

- Establish a statewide asthma planning process to culminate in a summit conference;
- Create a surveillance system for monitoring asthma in the state; and
- Develop an action plan for controlling asthma in New Hampshire

Toward the end of the planning period, the Asthma Control Program will have the option of submitting a second "implementation" grant proposal to the federal Centers for Disease Control for assistance in implementing the asthma action plan.

SUMMARY INFORMATION FOR CHRONIC DISEASE PREVENTION PROGRAMS

Major Program	**Number of Clients Served**	**Funding SFY03**	**State Legislation**	**Federal Legislation**	**PAU #**
Nutrition Services	28,000 women and children assisted	$15.34m (40k General Fund, 11.9m federal funds, $3.4m other)	RSA 132:12	William F. Goodling Child Nutrition Reauthorization Act of 1998	05-01-07-02-03
Disease Prevention/Health Promotion	Statewide	$.9m federal funds	RSA 141-B RSA 141-C:78 RSA 128-K RSA 126-I RSA 186:67A		05-01-07-02-01
Tobacco Prevention Program	Statewide	$4.7m ($1m federal funds, $3m Tobacco Settlement: $.7m Am. Legacy Foundation)	RSA 154:64-77 RSA 126-K:15		05-01-07-02-02 & 04
Diabetes Education Program	Statewide	$.3m federal funds			05-01-07-02-06
Comprehensive Cancer Control Program (Breast and Cervical Cancer Screening Program)	2,200 women screened	$1.5m ($.2m General Fund, $1.3m federal funds)	Cancer Registry and Chronic Disease Regulations	Breast and Cervical Cancer Reduction Act of 1990	05-01-07-02-05

1) DIVISION OF EPIDEMIOLOGY AND VITAL STATISTICS (DEVS)

The Division of Epidemiology and Vital Statistics is the leading resource in the State for epidemiology and biostatistics information and assistance for public health professionals, communities and citizens. DEVS provides timely and effective control of infectious diseases and monitors injuries, diseases, health behaviors and vital events. DEVS applies and promotes epidemiological principles toward public health responses and the collection, analysis and dissemination of data.

The Division includes five bureaus and the health officer liaison. They are as follows:

a. ***Bureau of Communicable Disease Control (BCDC*)**: BDCD is responsible for preventing and controlling infectious, communicable diseases in New Hampshire. The Bureau protects the State's population from infectious diseases by identifying and performing follow-up on cases of infectious disease, and by investigating and controlling disease outbreaks. Bureau staff also provides patient and provider education. The Bureau manages federal contracts

related to West Nile Virus, Tuberculosis, bioterrorism, Hepatitis C, and drug resistant bacteria. The staff maintains a 24-hour-a-day, seven day-a-week call schedule to respond to public inquiries and reports of exposure to a communicable disease.

b. ***Bureau of Communicable Disease Surveillance (BCDS)*:** BCDS is responsible for monitoring and detecting infectious, communicable diseases in the State by maintaining the mandatory reportable disease system and collecting, analyzing, interpreting and reporting New Hampshire infectious disease data. Bureau staff analyzes communicable disease data by request and regularly reports on communicable diseases. In addition, the Program conducts specialized surveillance projects focusing on sexually transmitted disease, bioterrorism, vaccine preventable disease, flu, and HIV/AIDS.

c. ***Bureau of Emergency Preparedness and Response*:** This Bureau is responsible for directing the development of additional preparedness and response capabilities within the public health infrastructure to enable the State to rapidly and effectively identify, investigate and respond to acts of bioterrorism and other public health emergencies. Under guidance from the federal Centers for Disease Control and Prevention, the State is developing a series of comprehensive plans between federal, state and local public health resources, health care institutions and emergency management officials to assure a coordinated response to a disease outbreak. Plans require extensive collaboration with other areas within OCPH and DHHS as well as other entities throughout the state. Plans, once developed, will be continuously updated via ongoing exercises and drills in conjunction with all parties.

d. ***Bureau of Health Statistics and Data Management (BHSDM)**:* BHSDM collects, stores, analyzes and disseminates New Hampshire health-related data, including birth, death, hospital, cancer and behavioral risk factor surveillance information. This data helps drive decisions about how to address certain health issues and appropriately allocate funds. As steward of the data, BHSDM ensures that the data is used appropriately and that the confidentiality and privacy of individuals are protected and maintained without exception.

   BHSDM performs custom analysis of data for DHHS and community customers and produces annual reports. The Bureau also develops new surveillance systems for DHHS programs to better assess the burden of disease and injury in the State and advises programs on proper and appropriate study design and analysis through its knowledge of biostatistics and epidemiology.

e. ***Bureau of Vital Records (BVR)*:** The BVR is the state resource for individuals wishing to obtain copies of birth, marriage, divorce and death certificates. BVR also has a genealogical research vault that is open to the public containing recording dating back to the year 1640.

Health Officer Information Services: Health Officer Information Services provides technical assistance and training to the Health Officers of New Hampshire's cities and towns. The Health Officer Liaison is the principal DHHS representative in these efforts. Currently, 217 town and city health officers respond to local public health issues, and in 16 communities the local Board of Selectman acts in the capacity of health officer.

SUMMARY INFORMATION FOR EPIDEMIOLOGY AND VITAL STATISTICS PROGRAMS

Major Program	Number of Clients Served SFY02	Funding SFY03	State Legislation	Federal Legislation	PAU #
Communicable Disease Control and Communicable Disease Surveillance	2,200 disease reports and investigations; 1,200 calls per month to nurses; 600 suspect powder incidents handled during 2001 anthrax scare; 896 birds and 1,200 mosquito pools received for testing for West Nile surveillance	$2m ($.5m General Fund, $1.5m federal funds)	RSA 141-C RSA 141-F	None	05-01-07-03-04
Vital Records and Health Statistics & Data Management	Receive >19,000 public and private inquiries. 40,000 records filed annually.	$2.3m (.5m General Fund, $.7m federal funds, $1m VRIF, $.1m fees)	RSA 126 RSA 290 RSA 457 RSA 459	None	05-01-07-03-01 & 02
Health Alert Network: Bioterrorism	Statewide	$.2m federal funds			05-01-07-02-01
Emergency Preparation and Response	Statewide New Program	$7.8m federal funds	RSA 141-C	Public Health and Emergencies Act of 2001	05-01-07-03-05
Local Health Officer Liaison	217 Health Officers assisted	$.1m federal funds	RSA 127 RSA 128 RSA 147	None	05-01-07-03-04

4. DIVISION OF LABORATORY SCIENCES AND ENVIRONMENTAL HEALTH (DLSEH)

The Division of Laboratory Sciences and Environmental Health has unique and diverse responsibilities to promote population-based public health. Division staff are constantly evaluating the possible causes of diseases, syndromes and health effects. DLSEH seeks to prevent future disease outbreaks and reduce negative health effects through efforts of detection, education, legislation and regulation. Several core functions of DLSEH are:

- Developing health advisories related to chemical and environmental exposure;
- Chemical, laboratory and radiological emergency response;
- Laboratory testing;
- Case management of lead poisoning cases;
- Training;
- Surveillance (environmental, occupational, laboratory, radiological);
- Regulation; and
- Public information, education and consultation.

The Division has three primary focus areas as follows:

a. ***Bureau of Environmental and Occupational Health (BEOH)*:** The primary goal of the Bureau is to protect the health and well being of New Hampshire citizens by reducing the prevalence of lead poisoning, providing safety and health consultations for employers,

regulating the lead and asbestos abatement industries, and by evaluating the health risk associated with exposure to chemical contaminants in the environment. The Bureau is organized into three programs:

- The *Childhood Lead Poisoning Prevention Program* (CLPPP**)** works to reduce the number of New Hampshire children with elevated blood lead levels.

- The *Occupational Health Program* provides free on-site health and safety services to eligible employers through its Occupational Safety and Health Consultation Service. The Asbestos Management and Control Program performs asbestos compliance inspections and is responsible for the licensure of contractors and certification of asbestos professionals for New Hampshire.

- The *Health Risk Assessment Program* performs technical risk assessments to evaluate health risks associated with exposure to toxic chemicals released into the environment. The Program generates health advisories for statewide distribution, such as fish advisories and health information summaries on various chemicals. Lastly, the Indoor Air Quality Program provides information regarding indoor air concerns.

b. ***Public Health Laboratories (PHL)*****:** The mission of the Public Health Laboratories is to protect public health in New Hampshire through responsive, unbiased, quality laboratory testing; to actively participate in national and international surveillance networks; and to improve the quality of health and forensic laboratory services in both the public and private sector. PHL fulfills its mission through the six core functions described below.

- *Laboratory Response for Critical Incidents* including: disease outbreaks, newly emergent diseases, product contamination and/or tampering, and terrorism response.

- *Laboratory Analysis for Food Safety Assurance* including: microbiological testing of dairy products; shellfish and growing waters; and other food products, paralytic shellfish poison (Red Tide) testing; testing for lead and other metals in maple syrup, fish and other food products; and testing for mercury in fish.

- *Laboratory Services for Infectious Disease Control* including: testing for tuberculosis, STD, vaccine preventable disease, drug susceptibilities, rabies, HIV screening, confirmation and viral load; and bacterial, fungal, parasitic and viral identification.

- *Forensic and Toxicological Laboratory Services* including: testing for alcohol and other drugs; training and certification of law enforcement officials using breath testing equipment; calibration, maintenance, repair and certification of Intoxilyzers; STD testing in medical-legal cases; and court testimony.

- *Testing to Assess Occupational & Environmental Health Hazards* including: analysis of blood, paint, dust, soil, earthenware and crystal for lead content; analysis of urine for mercury; hepatitis, Lyme Disease and hantavirus testing; and West Nile Virus testing of birds, mosquitoes, equines and birds.

- *Quality Assurance Leadership* including: reference lab services for hospital and independent labs in New Hampshire; training, internships and technology transfer for laboratorians; certification of labs for alcohol, drugs, HIV, dairy and lead testing;

laboratory tours, demonstrations, science fairs and lectures; and coordination of the New Hampshire Laboratory Response Network.

c. ***Bureau of Radiological Health (BRH)*:** The Bureau of Radiological Health is responsible for assessing, controlling and preventing exposure to radiation from both natural and man-made radioactive materials in New Hampshire. BRH protects public health and safety, occupationally exposed persons, and the environment from unnecessary exposure to sources of radiation.

BRH has three primary focus areas:

- The regulation of radioactive materials and X-ray machines
- Radiological emergency response
- The Radon Program

Under an agreement with the federal Nuclear Regulatory Commission, BRH licenses all uses of radioactive material in the State. BRH also registers all radiation producing machines (x-ray) being used in New Hampshire. These licensees and registrants are inspected for compliance under the State's Rules for Control of Radiation.

BRH responds to accidents and incidents involving radiation sources. A Radiological Emergency Response Team is trained to respond to any accident situation having to do with Seabrook Station, Portsmouth Naval Shipyard, or Vermont Yankee Nuclear Power Plant; and to assist with any transportation accident or local incident involving radiation. In addition, BRH performs continuous environmental monitoring around Seabrook Station and Vermont Yankee nuclear power plants and provides an ambient surveillance program for evaluation of local environmental radiation levels. BRH's radiochemistry laboratory collects environ-mental and regulatory samples for analyses and reporting.

BRH has an active Radon Program concerned with increasing the public's awareness of the presence of radon in New Hampshire, radon's relationship to human health and the promotion of radon testing and mitigation. Services performed by BRH are supported through General Funds, federal funds, interagency transfers and fees.

SUMMARY INFORMATION FOR LABORATORY SCIENCES AND ENVIRONMENTAL HEALTH PROGRAMS

Major Program	**Number of Clients Served SFY02**	**Funding SFY03**	**State Legislation**	**Federal Legislation**	**PAU #**
Public Health Laboratories	78,000 tests performed per year; 127 Intoxilyzers maintained; 620 Intoxilyzer operators certified	$4.7m ($ 2.6m General Fund, $1.2m federal funds, $.9m other)	RSA 131 RSA 141-C RSA 141-F RSA 265 RSA 184 RSA 130-A RSA 442 RSA 611	OSHA, FDA, USDA, CLIA, DOT, DEA	05-01-07-05-01
Radiological Health	3,000 radon kits/year w/ 750-1,000 public inquiries; 500 environmental samples/yr ; 10 Emergency responses	$1m ($.5 m General Fund, $.1m federal funds, $.4m other)	RSA 125-F:1-25 RSA 107-B RSA 125-B:1 RSA 125:77 b	EPA FDA NRC DOE	05-01-07-05-02 & 03

	per yr; 400 inspections per yr; Register ~1,100 persons with ~3,050 radiation machines; License ~ 90 users of radioactive material				
Environ-mental and Occupational Health	1,192 Asbestos Licenses/ Certifications issued; 263 Workplace Consultations; 15,417 brochures provided to the public; 4 ongoing Health Risk Assessment Sites; Responded to 674 telephone inquiries Case managed 585 children w/lead poisoning	$1.7m ($.5m General Fund, $1.3m federal funds, $.2m other)	RSA 125-H RSA 130-A RSA 10-B RSA 141-E RSA 125:9	EPA HUD CDC OSHA	05-01-07-05-04

HEALTH SERVICES PLANNING AND REVIEW (HSPR)

The Health Services Planning and Review (HSPR) unit administratively supports the work of the Health Services Planning and Review Board. The HSPR Board oversees the Certificate of Need (CON) program pursuant to RSA 151-C, and is administratively attached to DHHS. An administratively attached agency (such as HSPR), under RSA 21-G:5, I, is an "independent agency linked to a department for purposes of reporting and sharing support services." Thus, while the HSPR Board exercises its powers independent of DHHS, HSPR staff members are DHHS employees. This nine-member Board, appointed by the Governor and Executive Council, reviews proposals over a certain statutory threshold and grants approval for projects filed by healthcare providers, mobile vendors and others to construct or modify health facilities, acquire new medical equipment or offer new or different inpatient care services.

The public health role of HSPR is to improve the quality of healthcare services provided to citizens of the State, expand access and availability to healthcare services, and ensure the cost effectiveness of healthcare services. HSPR is also responsible for the collection, compilation, analysis, and dissemination of healthcare utilization and financial data of healthcare facilities. The funds necessary to administer the CON program are 100% fee-generated, with annual fees assessed to each acute care hospital, specialty hospital, and nursing home licensed in New Hampshire.

Certificate of Need (CON) Requirements:

The following healthcare services, facilities, and diagnostic/therapeutic equipment items are regulated by the CON program and require Certificate of Need review and approval by the Health Services Planning and Review Board:

- Acute Care (General) Hospitals
- Ambulatory Surgery Centers
- Cardiac Catheterization and Cardiac Surgery
- Extracorporeal Shock Wave Lithotripsy (ESWL)
- Inpatient Physical Rehabilitation
- Inpatient Adult Psychiatric Services
- Inpatient Substance Abuse

- Long Term Care
- Megavoltage Radiation Therapy
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET)
- Transfer of Ownership of Non-Medicare/Medicaid Certified Facilities

CON eligibility for the services/facilities listed above is subject to the following thresholds:

1) Construction/renovation of an acute care facility with a capital cost in excess of $1.5 million (annually adjusted for inflation).

2) Construction/renovation of any nursing home, specialty hospital, or ambulatory surgery facility with a capital cost in excess of $1.0 million (annually adjusted for inflation).

3) Any single piece of diagnostic/therapeutic equipment in excess of $400,000 via purchase, lease, donation, or transfer. In addition, a CON is required for any healthcare facility seeking to provide a new service that is regulated by the CON program.

A Certificate of Need is generally not required for the following facilities/services:

- Assisted Living
- Home Health
- Hospice
- Kidney Dialysis
- Medical Office Buildings
- Outpatient Services
- Parking Garages
- Residential Care
- Residential Treatment and Rehabilitation
- Sheltered Care
- Supportive Residential Care

However, should a health care facility undertake one of these projects and exceed the threshold, then the project would become subject to the CON process.

SUMMARY INFORMATION FOR HEALTH SERVICES PLANNING AND REVIEW

Major Program	**Number of Clients Served SFY02**	**Funding SFY03**	**State Legislation**	**Federal Legislation**	**PAU #**
Health Services Planning and Review (HSPR)	5-10 CON appls/year. 50 letters of intent	$.5m (other)	RSA 151-C	None	05-01-02-02-01

OCPH MAJOR ACCOMPLISHMENTS & INITIATIVES

DIVISION OF FAMILY AND COMMUNITY HEALTH (DFCH)

- Initiated performance-based contracting with all DFCH service programs. Performance-based contracting will enable DFCH to measure quality and efficiency of community agencies in delivering primary and preventive services to vulnerable populations.

- Achieved a 79% immunization rate for two-year olds in the state compared with a national rate of 71%. New Hampshire ranks 7th in the US for immunization coverage of two-year olds. These high rates can be largely attributed to the fact that New Hampshire has universal coverage (immunizations are provided to all children free of charge). The establishment of the New Hampshire Vaccine Association by law in 2002 assures that universal coverage will continue.

- Implemented the Home Visiting New Hampshire Program statewide to provide education and support services to pregnant women on Medicaid and their children, to promote healthy pregnancy and birth outcomes, promote a safe and nurturing environment for children and enhance the families' life course and development (assisting with child care arrangements, and pursuit of work and education).
- Initiated seven new community-based oral health programs that brought critically needed dental services to approximately 13,000 children and adults in the state.

- Improved access to health care for vulnerable populations by recruiting more than 20 health care professionals into medically underserved areas. Directed $1 million in emergency funds to community health centers enabling them to continue to provide services to uninsured New Hampshire residents.

- Designated four Critical Access Hospitals, which in the first year alone, increased federal financial support to rural hospital communities by $2 million. Increased support to improve access to primary care services in rural communities by more than $600,000.

DIVISION OF CHRONIC DISEASE PREVENTION

- Created a newly invigorated Bureau of Nutrition and Health Promotion whose initial focus will be to prevent obesity and increase physical activity in New Hampshire residents-two health indicators that are known to increase risk for cardiovascular disease and other chronic conditions.

- Expanded the Distance Learning Program and Health Promotion Resource Library for local community professional as part of an ongoing effort to enhance New Hampshire's public health infrastructure.

- Screened 3,000 women for breast and cervical cancer, helping to reduce the mortality rate from the most common cancer found in New Hampshire's women over 40.

- Funded 18 school and community-based tobacco prevention and control programs designed to prevent youth from starting to smoke, reduce exposure to second hand smoke in communities and help smokers quit.

- Started the "NH Try To STOP" Tobacco Resource Center, including a quitline, an interactive web site and a tobacco education clearinghouse.

DIVISION OF EPIDEMIOLOGY & VITAL STATISTICS

- The current VRV2000 software has now been established in 43 town/cities on VRV2000 software allowing for 95% of all birth and death certificates to be processed electronically.

- Responded to over 800 requests for population health information with custom analyses by trained health statisticians. All requests are filled with full consideration to statutory privacy and confidentiality provisions as outlined in an OCPH data release policy.

- Issued an RFP for the Vital Records Vision 2000 (VRV2000) project. This is the first such web enabled transactional project in state government and is a cooperative project with the New Hampshire Vital Records Improvement Fund Advisory Committee. This legislatively established group includes town and city clerks, hospital registrars, state archivists and New Hampshire private funeral directors.

- Created a web-based data inventory to allow citizens, health care agencies, local health officers, hospitals and health planners to locate non-confidential population health data. This is a cooperative project with the UNH Institute for Health Policy and Practice and funded through the New Hampshire Endowment for Health. Additional funding for this project was awarded by the federal Centers for Disease Control and Prevention's Cancer and Bioterrorism programs.

- Bioterrorism and Public Health Emergency Preparedness – The OCPH has received $8.4 million, the state's allotment of federal public health emergency funds from the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Agency (HRSA) that were made available following the events of September 11, 2001 and the Anthrax attacks. The Office has identified the goals and associated activities to be undertaken with these funds:

    1) Improve statewide emergency public health readiness
    2) Improve statewide local and state public health infrastructure to respond to all threats; and
    3) Improve interagency communication with traditional "first response" agencies such as the Department of Transportation, Office of Emergency Management, city and town municipal officials, 911 and other volunteer and official organizations.

Additionally, OCPH will be strengthening the public health information technology infrastructure and educational resources in order to better pursue all of these goals. Since the federal funds were awarded, specific activities accomplished include:

- Responded to 600 suspect inquiries regarding anthrax-related incidents.
- Drafted a 150-page work plan with 300 separate tasks coordinated with the Governor's Commission on Preparedness and Security Report.
- Developed a New Hampshire Interim Pharmaceutical Stockpile Distribution Plan.
- Conducted a detailed assessment of hospital emergency readiness including surveys of hospital emergency departments, hospital isolation rooms, and hospital emergency plans.
- Established on-going real-time surveillance of 16 New Hampshire Hospital Emergency Departments to detect trends of a possible terrorism attack.
- Established on-going veterinary surveillance for detecting potential bioterrorism threats to humans that may begin in animal populations.
- Established on-going death certificate surveillance for unusual causes of death potentially representing a terrorism attack.

- Distributed federal funds through contracts with local stakeholders including, city health departments in Manchester and Nashua; Dartmouth Hitchcock Medical Center; New Hampshire Hospital Association; and local health officers.
- Purchased and began establishing the first statewide Health Alert Network (HAN) capable of providing alerts 24 hours-a-day, seven days-per-week to municipal, hospital, and other emergency response officials in the event of a bioterrorism or other public health emergency.
- Convened a statewide Public Health Emergency Preparedness & Response Steering Committee and a Hospital Emergency Preparedness & Response Steering Committee for providing stakeholder input into federal fund expenditures.
- Developed a draft smallpox response protocol for OCPH in order to provide seamless 24 hour-a-day seven day-per-week coverage for an event of smallpox.
- Conducted two local town and city health officer trainings.
- In cooperation with hospital education departments, physician associations, the NH Office of Emergency Management, and others, conducted over 50 health care provider training sessions on various topics of bioterrorism. Topics included detailed recognition of anthrax, smallpox and general topics in public health emergency preparedness, such as local public health infrastructure-building and public health surveillance.

- Established the first ever New Hampshire program for the detection of influenza-like illnesses in New Hampshire. In cooperation with over 20 physician practices throughout the state, this unit monitors for trends in influenza illness year round. This system functions to detect potential pandemic influenza outbreaks and assists with unusual occurrences of respiratory diseases potentially related to bioterrorism.

- Responded to 10 foodborne communicable disease outbreaks, 15 cases of meningitis, 20 cases of tuberculosis, and a variety of other New Hampshire reportable infectious disease and conditions.

DIVISION OF LABORATORY SCIENCES AND ENVIRONMENTAL HEALTH

- The BEOH conducted a detailed study of the blood lead surveillance among children enrolled in Medicaid for the past five years. This information will be used to target New Hampshire resources to Medicaid children who may be lead poisoned.

- During SFY02, Public Health Laboratories (PHL) staff tested the following numbers of birds, mosquito pools, horses, and humans for West Nile Virus (WNV): 736 birds-83 positive; 1366 mosquito pools-3 positive; 6 horses-2 positive; and 46 humans-no positives. The detection of WNV positive birds is the most sensitive indicator of the presence of the virus in a geographic area and area initiates increased trapping/testing of mosquitoes. The identification of WNV positive mosquitoes is the best indicator of human risk. Providing test results in a timely manner is an integral part of surveillance for WNV and allows well-informed prevention and response decisions that reduce the risk to humans. Testing was also implemented for other encephalitis disease-causing viruses during SFY02 including Eastern Equine Encephalitis virus, St. Louis Encephalitis virus, Lacrosse virus, and Powassen virus. The WNV accomplishments of SFY02 have resulted in increased testing and surveillance, and no human cases as of October 2002.

- New Hampshire was one of 25 states chosen for a human biomonitoring-planning grant at the public health laboratories. This grant will allow the PHL to plan for testing of human blood/urine samples for the presence of environmental toxicants in order to prove exposure.

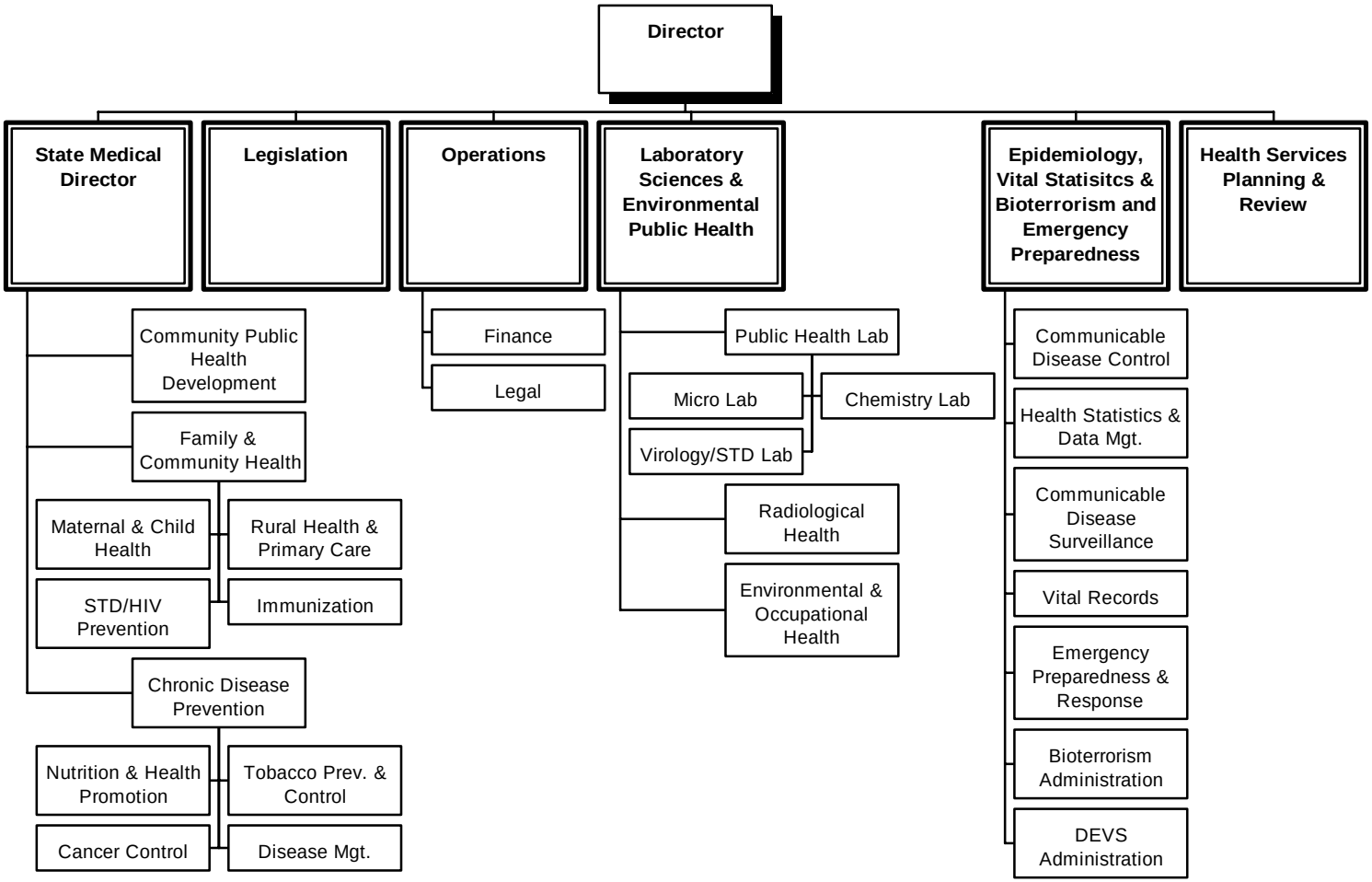
- The PHL enabled each local law enforcement agency to have the same up-to-date model of the Intoxilyzer 5000 breath alcohol-testing instrument. Staff also evaluated preliminary breath testing instruments to enable purchase by the Department of Safety and other law enforcement entities.

- The BRH is a major partner in a team that is planning and organizing the distribution of potassium iodide (KI) to communities within the emergency planning zones associated with the Seabrook Power Station and the Vermont Yankee Power Plant. A total of 3,600 pills have been distributed through September 2002. Distribution is continuing upon request.

HEALTH SERVICES PLANNING AND REVIEW

- Held 38 Board meetings as a forum for public discussion and debate of proposed health care projects affecting the health care delivery system. A sum total of $280,021,645 was approved for health care facility addition/renovation/expansion projects and services with a goal toward improving broader access to health care services in the state, as well as better quality of care for health related services.

OFFICE OF COMMUNITY AND PUBLIC HEALTH – ORGANIZATIONAL OVERVIEW



DIVISION OF DEVELOPMENTAL SERVICES

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OVERVIEW

The Division of Developmental Services (DDS) promotes opportunities for normal life experiences for persons with developmental disabilities or acquired brain disorders in all areas of community life including employment, housing, recreation, social relationships, and community association. Family Support has been a guiding principle in the evolution of the State's developmental services system and is of major importance as a preventative or diversion approach to more costly services.

The service system is comprised of a central office, 12 private non-profit community area agencies, and a small facility for individuals with mental retardation who are charged with certain serious crimes, but determined by a judge to be incompetent to stand trial.

The area agencies directly or through subcontracts provide services to individuals and their families. Two Medicaid Home and Community Based Care waivers allow for a variety of home and community-based services to be offered in lieu of more costly institutional care for persons with developmental disabilities and acquired brain disorders.

The Division's central office monitors fiscal and program contract compliance, provides technical assistance on contracts/services, develops and coordinates state and regional planning, coordinates training to insure effective delivery of supports and services, and monitors outcomes.

Developmental Services works closely with other divisions of the Department of Health and Human Services including Behavioral Health; Elderly and Adult Services; Children, Youth and Families; and the Office of Health Planning and Medicaid.

Vision

Every New Hampshire resident will have access to necessary and appropriate health and social supports and services.

Mission

The mission of the developmental services system is to join with local communities to support individuals of all ages with developmental disabilities or acquired brain disorders and their families to experience as much freedom, choice, control and responsibility over the services and supports they receive as desired.

MAJOR PROGRAMS

1) COMMUNITY BASED SERVICES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND FOR INDIVIDUALS WITH ACQUIRED BRAIN DISORDERS
   a. Service Coordination/Case Management
   b. Day Supports and Services
   c. Residential Services
   d. Family Support Services
   e. Family Centered Early Supports and Services
   f. Services to Persons with Acquired Brain Disorders

2) FAMILY SUPPORT FOR CHILDREN AND ADOLESCENTS WITH CHRONIC HEALTH CONDITIONS
3) MENTALLY RETARDED OFFENDERS TREATMENT PROGRAM
4) MEDICAID TO SCHOOLS PROGRAM

1) COMMUNITY BASED SERVICES

With the closing of the former State School in Laconia in 1991, New Hampshire became the first state in the country to operate its entire system of services for people with disabilities in community settings. DDS now offers its consumers a wide range of programs within their own communities through the area agency system. These services include:

a. ***Service Coordination/Case Management*** focusing on advocacy, facilitation and monitoring to assist the individual with identification of and access to necessary community supports and services.

b. ***Day Supports and Services*** focusing on community integration, skill training, socialization, health and behavioral supports, transportation and inclusion in the community as well as a strong focus on employment for individuals.

c. ***Residential Services*** focusing on inclusion of the individual in his or her neighborhood/community, participation in a variety of community activities, development of relationships, enhancement of personal care skills, and health and behavioral supports as individually needed. Persons live in apartments, single-family homes, or with non-related families where the family supports the individual.

d. ***Family Support Services*** focusing on an array of flexible supports including respite care and environmental modifications, transportation, assistive technology and recreational supports to support families caring for a family member at home.

e. ***Family Centered Early Supports and Services*** is an early intervention program for children, birth through age two, who have a diagnosed, established condition that has a high probability of resulting in developmental delay; are experiencing developmental delays; or are at risk for substantial developmental delays if supports and services are not provided.

f. ***Services to Persons with Acquired Brain Disorders*** focusing on a wide range of community-based supports and services including case management/service coordination, day/vocational services, personal care services, and family supports. Any State resident of who has an acquired brain disorder, requires the skilled nursing facility or long-term rehabilitation level of care, and is eligible for New Hampshire Medicaid is eligible for these services.

2) FAMILY SUPPORT FOR CHILDREN AND ADOLESCENTS WITH CHRONIC HEALTH CONDITIONS AND THEIR FAMILIES

Family Support for Children and Adolescents with Chronic Health Conditions program is coordinated by The New Hampshire Partners in Health Program (PIH). PIH is a statewide, comprehensive service delivery system for children and adolescents with chronic health conditions and their families, which integrates their medical, school and social support needs. The program currently serves over 500 families at 13 sites throughout the State.

PIH seeks to impact both individuals and systems that influence a family's social, educational, and medical environment. Program components are designed to effect changes at the family, school, and community level (i.e. community agencies, local community members, and local businesses) as well as to foster a dialogue between families, the medical community and the State.

3) MENTALLY RETARDED OFFENDER TREATMENT PROGRAM

Pursuant to RSA 171-B, the Developmental Services system provides treatment services to individuals who are mentally retarded and who are found incompetent to stand trial and remanded to the Division for care, treatment, and safety. DDS presently operates a six-bed facility in Laconia. However, this program has required reallocation of existing resources in excess of $8 million to provide services to fulfill legislative requirements to serve this population.

4) MEDICAID TO SCHOOLS PROGRAM

Medicaid to Schools Program allows local education agencies to enroll as Medicaid providers to receive reimbursement for appropriately authorized health related services identified in a student's individual educational plan as specified under the Federal special education law, Individuals with Disabilities Education Act, and New Hampshire special education law, RSA 186-C.

SUMMARY INFORMATION FOR DEVELOPMENTAL SERVICES

Major Program	Number of Clients Served SFY03	Funding SFY03	State Legislation	Federal Legislation	PAU #
Community based services (including case management, day services, personal care services for individuals with developmental disabilities and acquired brain disorders, family support services, waiting list funding, and services to chronically ill children)	10,120	$134.6 m ($70.5m General Fund, $64.1m federal funds)	RSA 171-A., 126-G, 161:4-a		05-01-13-01
Infant & Toddler Program	N/A	$2.7m federal funds		Part C IDEA	05-01-13-05
Mentally Retarded Offender Program	6	$1,074,413 General Fund	RSA 171-B		05-01-13-02

ACCOMPLISHMENT & INITIATIVES

Developmental Services Waiting List: Services for individuals with a severe developmental disability that are funded under Medicaid waivers are not an entitlement. Consequently, there is a waiting list for these services. During the current biennium, $3 million was appropriated by the Legislature to address this issue for people with disabilities and their families. This appropriation funded services for 99 individuals. As of June 30, 2002, there were 320 people on the priority waiting list (needing services within the next year) and an additional 132 people who will need services within two years. In

accordance with RSA 171-A:1-a, the Division's SFY 2004-2005 budget request includes full funding of services for these individuals.

Mentally Retarded Offender Treatment Program: The Developmental Services System provides services to individuals who are mentally retarded and who are found incompetent to stand trial and are remanded to the Division for care, treatment, and safety (RSA 171-B). The system's capacity to address this need is presently limited to a six-bed facility on the grounds of the old State School in Laconia. The need for this service greatly exceeds the system's capacity and public sentiment to enhance community safety is strong. In 2002 the legislature passed SB 161, which potentially would expand the capacity of DDS to provide residential treatment to this population and relocate the Laconia facility.

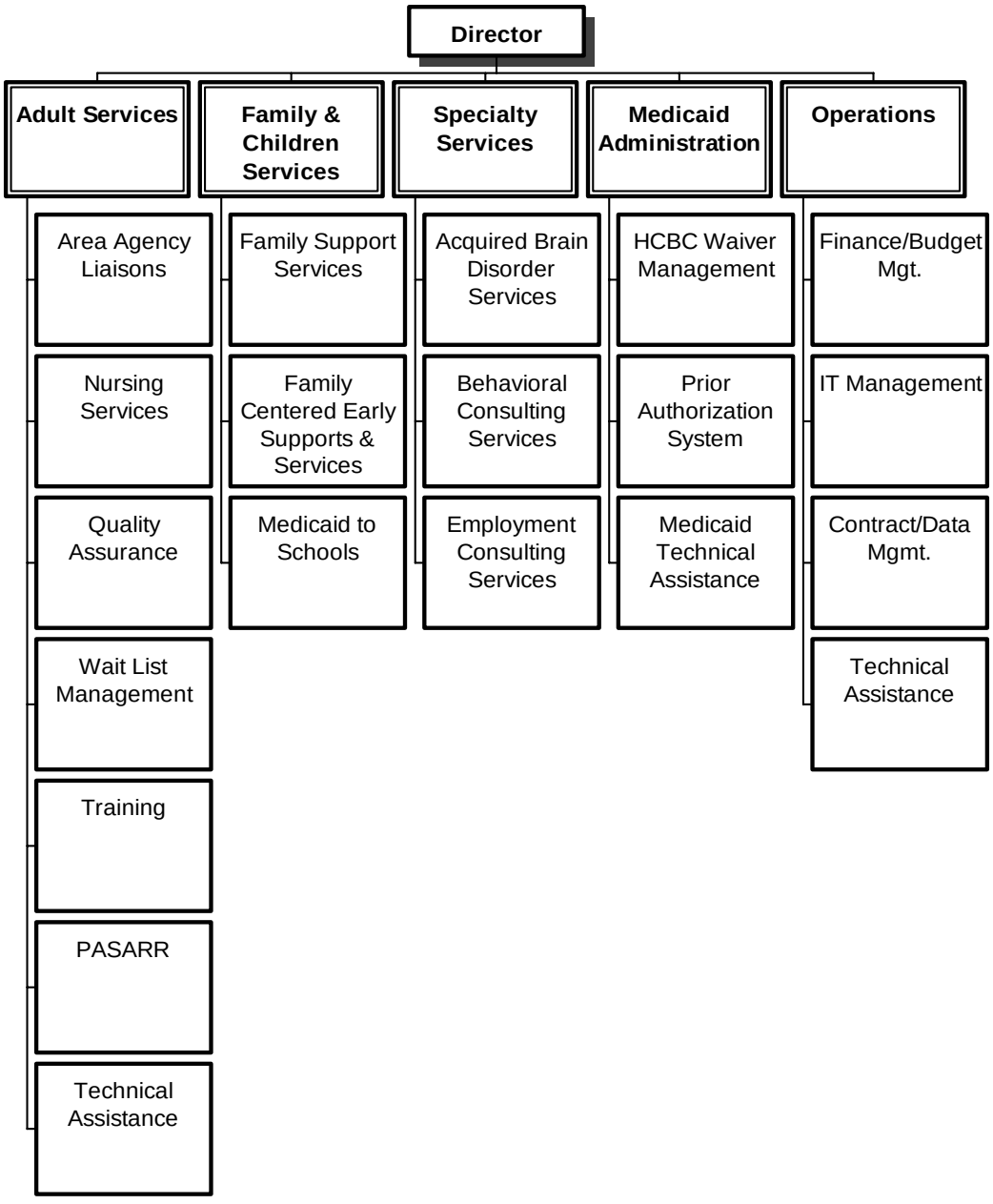
Family Support: The Division continues to expand its services and supports for families caring for family members with disabilities at home. These flexible supports often prevent or delay the necessity for higher cost supports. Limited funding for individuals on waiting lists has made these supports crucial to help families survive through the waiting period. Since being placed under the administrative purview of DDS, the Family Support Program for Children and Adolescents with Chronic Health Conditions has expanded to provide services statewide. DDS has also supported a grant program, jointly funded by the Administration on Developmental Disabilities and the Health Care Transition Fund, to enhance supports to older families caring for a family member with a developmental disability at home.

In-Home Supports: In response to a legislative study committee's recommendations, the Division has developed and submitted a home and community based care waiver application to the federal government's Centers for Medicare and Medicaid Services to provide family directed in-home supports for children with significant disabilities. It is anticipated that this will be approved and implemented by January 1, 2003.

New Hampshire Brain Injury Program (Senate Bill 182): SB 182 was passed during the 2002 Legislative session and signed by the Governor in June 2002. Originally presented as a Trust Fund, SB 182 created the "New Hampshire Brain Injury Program." This program dedicates $200,000 per year to provide direct services to individuals with brain injuries and their families. This funding supports the development of a statewide Resource Facilitation Program which includes: community resource coordination, support of a statewide toll-free number for information and assistance, family support, advocacy, vocational support and injury prevention, and is coordinated in partnership with the New Hampshire Brain Injury Association.

Traumatic Brain Injury Implementation Grant: DDS is completing a three-year grant from the Federal Bureau of Maternal and Child Health to enhance the capacity of both state and private organizations to work collaboratively and effectively across disciplines and agencies for the benefit of New Hampshire survivors of brain injuries and their families. The grant supported expanding of a statewide evaluation and consultation team as well as building the capacity of families and communities to support persons with brain injuries.

DIVISION OF DEVELOPMENTAL SERVICES – ORGANIZATIONAL STRUCTURE



DIVISION OF ELDERLY AND ADULT SERVICES

129 Pleasant Street Phone: 603-271-4680
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OVERVIEW

The Division of Elderly and Adult Services (DEAS) provides a variety of social and long-term supportive services to adults age 60 and older and to adults between the ages of 18 and 60 who have a chronic illness or disability. These services range from home care, meals on wheels, care management, transportation assistance and assisted living to nursing home care. Legal services, information and assistance regarding Medicare, and information about volunteer opportunities are also important support services DEAS provides at the community level. All services and supports assist people to live as independently as possible in safety and with dignity.

Vision

The **New Hampshire long term support system** will be person-centered, promoting the right and ability of individuals, families and caregivers in need of supports to exercise choice and direction, thus maximizing the independence, dignity and quality of life of the individual receiving care.

Mission

DEAS shares leadership within New Hampshire in developing and funding long term supports and advocating for elders, adults with disabilities, and their families and caregivers.

DEAS envisions a long term system of supports that:

promotes and supports individual and family direction;
provides supports that meet the needs of individuals and families;
provides high quality care and supports; and
promotes efficiency.

A critical component of the DEAS statewide delivery system is its community-based network of providers, many of which are nonprofit agencies. DEAS purchases long-term care support services at the local level, reflecting the commitment of DHHS to strengthen the autonomy of local communities and to direct resources to where they are most needed. DEAS staff are located at 12 DHHS district offices throughout New Hampshire (See list of locations on page 125) and coordinate services to seniors and adults with disabilities and chronic illnesses who meet certain eligibility criteria. DEAS also has a main office located in Concord. This DEAS office is responsible for administrative support and general program and financial planning.

Aging impacts all levels of society, regardless of income, level of functioning, health status, or education. In some respects, aging can compound the issues that bring many citizens to DHHS for assistance. For these reasons, DEAS works closely with other DHHS divisions in a variety of ways that range from service coordination, program planning, rules development, consultation, and other kinds of technical assistance:

- Like other populations, the developmentally disabled are living longer. DEAS collaborates with the Division of Developmental Services (DDS) to ensure that the long term support needs of older persons with developmental disabilities are addressed.

- DEAS works similarly with the Division of Behavior Health (DBH) to address the unique needs of older persons with a mental health diagnosis, many of whom reside in nursing homes. DEAS social workers and case managers often consult with community mental practitioners on depression or Alzheimer's Disease. DEAS also participated in developing outcome-based measures for elder mental health services.
- DEAS works with the Division of Alcohol and Drug Abuse Prevention and Recovery (DADAPR) in sponsoring programs assisting older persons living in elderly housing or in other community settings in resolving problems related to substance abuse or medication mismanagement.
- The number of grandparents caring full-time for grandchildren has been steadily increasing. DEAS refers these grandparents to the Division for Children, Youth and Families (DCYF) for services that can help them. DEAS has also implemented the NH Family Caregiver Support Program, which provides respite care and other assistance to family caregivers, including grandparents raising minor grandchildren full-time.
- Economic security is vital to older adults and adults with disabilities and chronic illness. DEAS refers many low-income consumers to the Division of Family Assistance (DFA) for economic assistance, medical assistance, and Food Stamps. DEAS staff work with DFA staff to develop and implement outreach activities to senior centers, elderly housing, and other groups.
- DEAS collaborates with the Office of Community and Public Health (OCPH) in making health screening programs available to older people and consults with OCPH nutritionists on ways to improve the nutritional content of meals on wheels and other community based meals programs.
- DEAS cooperates with the Office of Health Policy and Medicaid (OHPM) in health care planning related to older adults and works with it in developing and implementing Medicaid programs serving older persons and adults with disabilities and chronic illness.
- DEAS actively assists the Office of Program Support to assure the quality of care provided to the State's nursing home and residential care facilities through the Long Term Care Ombudsman Program. DEAS has actively participated in developing rules for licensing long term care facilities and providers, and OPS staff have assisted DEAS in developing standards for personal care providers.

PROGRAMS

1) ADULT COMMUNITY-SERVICES
   a. Home and Community-based Care Services
   b. Congregate Housing Supports
   c. Congregate Meals
   d. Adult Day
   e. Adult Transportation
   f. Assisted Living
   g. Adult Residential Care
   h. Nursing Facility Services
2) ADULT FAMILY SUPPORT PROGRAM
   a. Alzheimer's Disease Support Program
   b. Family Caregiver Support Program
3) ADULT IN-HOME SUPPORT
   a. Adult Homemaker Services
   b. Adult In-home Care
   c. Adult Home-delivered Meals
4) ADULT PROTECTION
5) LONG TERM CARE OMBUDSMAN PROGRAM
6) SERVICELINK

1) ADULT COMMUNITY-BASED SERVICES

Community-based services for adults supplement individual, family and other community supports for adults who require services to continue living independently in their own homes or in other community settings. Availability and use of community-based services are most important to three specific adult population groups: adults with physical disabilities or chronic illnesses; seniors; and adults requiring services as part of a plan of care under NH's adult protective services program.

The following services are the types of community-based supports available for adults in New Hampshire. DEAS provides funding or oversight to the community-based agencies and businesses that provide these critical services.

a. ***The Home and Community-Based Care for the Elderly and Chronically Ill (HCBC-ECI)*** Program is for seniors and adults with chronic illnesses and disabilities. People who qualify for nursing home care but desire to remain in their own home may choose to participate in the HCBC-ECI program when community-based services can be adequately provided. Services include:

- Adult medical daycare
- Home health care
- Homemaker services
- Respite care
- Personal care services
- Adult in-home care
- Case management

b. ***Congregate Housing Support Services*** provide housing combined with community-based support services to frail elderly and non-elderly persons with disabilities who are residents of federally assisted housing. These services include professional service coordination in addition to non-medical support services. DEAS contracts for services in nine locations, each run by local housing authorities. Services are tailored to individual need and may include:

- Meals
- Housekeeping
- Personal assistance
- Transportation
- Nursing care
- Socialization
- Case management

c. ***Congregate Meal Programs*** provide nutritious meals in group settings to seniors and adults with disabilities. Congregate meal programs operate in a variety of settings – senior housing, church facilities, town halls and senior centers. Individuals make voluntary donations toward their meal costs; however, no one is denied a meal because of unwillingness or inability to make a donation in accordance with State Statutes and Administrative Rules and federal regulations.

DEAS contracts with nutrition agencies to provide congregate meal services. At some locations congregate meal program participants may also access a variety of other services such as health and wellness programs, socialization opportunities, volunteer opportunities and transportation.

d. ***Adult Day*** services allow eligible adults to be in supervised group settings during daytime hours for one to five days per week. There are two types of adult day care services: Adult Medical Day Care and Adult Group Day Care.

- *Adult Medical Day Care* services include medically oriented services such as nursing, personal care, medication management, physical and occupational therapies, meals and socialization.
- *Adult Group Day Care* services offer supervised socialization with a therapeutic focus, some assistance with mobility, a meal and other activities.

e. ***DEAS Adult Transportation*** services are supported by DEAS through contracts with social services and transportation agencies throughout New Hampshire that provide transportation services to seniors. DEAS also provides funding transportation to support volunteer activities including travel expenses for older volunteers.

DEAS provides transportation options through partnerships with various older-driver initiatives and other transportation-related committees and organizations that work to coordinate and improve community transportation resources.

f. ***Assisted Living*** facilities are designed for adults who qualify for nursing home care and can no longer manage independent living in their own homes. Assisted living facilities provide a wide variety of support services based on the specific needs of the resident. Assisted living services may include:
   - Nursing care
   - Nutrition services
   - Personal care
   - Homemaker services
   - Medication management

g. ***Adult Residential Care*** services provide support for adults who qualify for care in residential settings. Residential settings provide more support than what is available for independent living, but less intensive care than nursing homes. Residential care facilities are community-based settings that allow for maximum individual independence, tailored to individual needs. Often these settings are appropriate for frail seniors and adults with disabilities who need more personal assistance and supervision than possible with care at home. Some of the available Adult Residential Care services include:
   - Meals
   - Personal care
   - Homemaker
   - Day care
   - Nursing care
   - Socialization
   - Individually tailored supports

h. ***Nursing Facility*** services are provided at licensed long-term home care facilities for eligible individuals who are ill, frail and need 24-hour supervision. Some nursing facilities provide short-term, acute rehabilitation for individuals who had recent episodes of illness or injury and no longer require hospitalization.

Nursing homes are residences that provide room, meals, skilled nursing and rehabilitative care, medical services and protective supervision. They also assist residents with daily living and recreational activities. Many nursing home residents have physical, emotional or mental impairments that keep them from living independently. Nursing homes are certified by state and federal government agencies to provide levels of care that range from custodial care to skilled nursing care that can be delivered only by trained professionals.

DEAS provides nursing facility services for individuals who meet certain medical and financial criteria in accordance with the federal requirements of the Medicaid program.

2) ADULT FAMILY SUPPORT PROGRAM

Adult family support programs assist families and caregivers of seniors and adults with disabilities and chronic illnesses in obtaining long-term services including respite care and support services, individual and group support, and caregiver education and training. Alzheimer's programs and family caregiver services are two critical family support offerings.

a. ***Alzheimer's Disease Support Program*** provides information about services and resources to help persons with Alzheimer's Disease and Related Disorders (ADRD) and their caregivers. Alzheimer's disease is a progressive degenerative disease that affects the brain and results in impaired memory, thinking and behavior. These programs include:
   - Respite care - care for an individual during a caregiver's temporary absence
   - Information and referral for families and professionals
   - NH's Family Care Guide - a comprehensive manual for family caregivers
   - Education programs for health care professionals
   - Networking and advocacy to enhance and extend resources and services available to people with dementia and their families

b. ***The Family Caregiver Support Program*** provides respite and other services to people of any age who provide care for an older family member and also to older persons who provide care for a grandchild. Family caregiver support services include:
   - Information and assistance in accessing programs
   - Individual counseling
   - Support groups
   - Caregiver training
   - Respite services
   - Supplemental services (e.g., transportation, homemaking or snow plowing)

3) ADULT IN-HOME SUPPORT

Adult In-Home Support services assist adults in living independently with dignity and safety in their own homes or other community settings. These services are for adults who need supportive services to continue living independently. The populations most commonly served by these services are:

- Adults with a physical disabilities or chronic illnesses
- Seniors
- Adults requiring services under the NH adult protective service program

a. ***Adult Homemaker*** services support seniors and adults with disabilities and chronic illnesses to maintain their independence. Homemakers assist with:

- Light housekeeping and cleaning
- Meal preparation
- Basic needs shopping
- Organizing household maintenance and financial payments
- Reminders for personal care and medications

b. ***Adult In-home Care*** services provide the necessary support to adults who wish to maintain independent living but require some assistance. Various home care agencies provide medical in-home care services under the terms of contractual agreements with the DEAS. Available services include:

- Meal preparation
- Shopping for basic needs
- Assistance or supervision in walking, dressing, bathing or eating
- Reminders to take medications
- Light housekeeping

c. ***The Adult Home Delivered Meals*** program, also known as "Meals on Wheels," offers nutritious meals to seniors and adults with disabilities in their home setting. The home delivered meals program helps individuals meet their daily nutritional requirements to maintain good health. Special dietary needs are accommodated.

DEAS contracts with nutrition agencies to provide home delivered meals. Drivers to each person's home personally deliver these meals. The Home Delivered Meals program provides "blizzard bags" that contain meals that can be reheated for use in weather emergencies. Individuals make voluntary donations toward the cost of their meals. However, no one is denied a meal because of unwillingness or inability to make a donation. This program is a critical resource that helps people remain independent in their home.

Benefits of the home delivered meal program include daily checks on the consumer, nutrition services, information and referral and support services.

4) ADULT PROTECTION

The Adult Protection Program carries out the legal requirements of the state's Protective Services to Adults Law. The purpose of the law, which is civil and not criminal, is to provide protection for incapacitated adults who are abused, neglected, exploited or self-neglecting. Any person who has a reason to believe that an incapacitated adult has been subjected to abuse, neglect, exploitation or self-neglect, is required to make a report to the appropriate state agency or office. The responsibility to receive and investigate reports is determined based on an incapacitated adult's living arrangement or situation, as outlined.

Adult Protection Program activities include:

- The receipt and investigation of reports of alleged emotional abuse, physical abuse, sexual abuse, neglect, exploitation, and/or self-neglect, referral to law enforcement agencies as necessary;
- The determination of the validity of the report and the need for protective services; and
- The provision of and/or arrangement for the provision of protective services when necessary, and when accepted by the adult who has been determined to be in need.

5) LONG TERM CARE OMBUDSMAN PROGRAM

The Long Term Care Ombudsman Program receives, investigates and resolves complaints or problems concerning residents of long term health care facilities. The sources of these complaints can include the resident, family and friends concerned about the resident, long term care facility staff, licensing and regulatory staff, resident advocates and volunteer ombudsman who become aware of concerns while regularly visiting the facilities. Long Term Care Ombudsman activities are organized around three major areas: prevention, intervention and follow-up.

The Volunteer Ombudsman Program trains, supervises and supports a group of volunteers who regularly visit long term care facilities and afford residents on-going opportunities to express their needs and concerns. The program also provides advocacy services to long term care facility residents to assist them in:

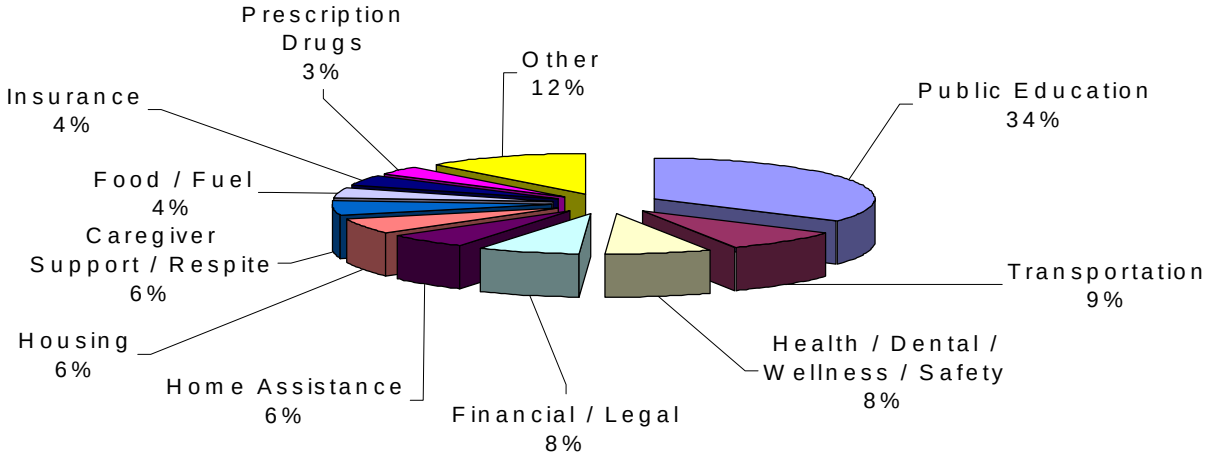
- Protecting their rights;
- Assuring that their care is meeting their needs and stated preferences; and
- Achieving the highest quality of life possible while exercising the resident's choices and preferences in care.

6) SERVICELINK

NH ServiceLink is administered by DEAS in partnership with other community agencies. ServiceLink is a statewide network of community-based resources for senior adults living with disabilities and their families. NH ServiceLink:

- Provides information on services and resources that assist the elderly and younger adults with a chronic illness or disability;
- Helps people to access those services and resources; and
- Provides educational programs and information on volunteer opportunities.

ServiceLink Connections Made In Response to Inquiries, SFY02
Total = 24,188



There are 13 ServiceLink sites and 50 satellite locations statewide. A list of ServiceLink sites can be found on NH ServiceLink's website at www.webster.state.nh.us/servicelink or by calling 1-866-634-9412 (toll free).

SUMMARY INFORMATION FOR ELDERLY AND ADULT SERVICES

Major Program	Number of Clients Served SFY02	Funding SFY02	State Legislation	Federal Legislation	PAU #
Adult In-home Care	733	$3.8m ($1.9m federal funds; $1.9m General Fund)	RSA 161-F	Title XX of the SSA	05-01-10-03-02
Home-delivered Meals	10,838	$4.8m ($2.6 m federal funds; $2.2m General Fund)	RSA 161-F	Title XX of the SSA Title III of the OAA	05-01-10-03-02 05-01-10-03-01
Congregate Meals	13,524	$1.7m ($1m federal funds; $.7m General Fund)	RSA 161-F	Title III of the OAA	05-01-10-03-01
Homemaker	2,519	$2.7m ($1.3m federal funds; $1.4m General Fund)	RSA 161-F	Title XX of the SSA Title III of the OAA	05-01-10-03-02 05-01-10-03-01
Transportation	7,592	$1.1m ($.7m federal funds; $.4m General Fund)	RSA 161-F	Title III of the OAA	05-01-10-03-01
Adult Group Day Programs	505	$.6m ($.3m federal funds; $.3m General Fund)	RSA 161-F	Title XX of the SSBG; Title III of the OAA	05-01-10-03-02 05-01-10-03-01
Congregate Housing	284	$.7m General Fund	RSA 161-F		05-01-10-03-05
Alzheimer's Care Respite	257	$.28m General Fund	RSA 161-F		05-01-10-03-12
ServiceLink	24,188	$1.4m General Fund	RSA 151-E		05-01-10-03-13
Nursing Homes	4,878	$181.5m ($90.8m federal funds; $45.4m General Fund, $45.4m other)	RSA 161	Title XIX of the SSA	05-01-10-04-01
Home and Community Based Services	1,731	$18.2m ($9.1m federal funds; $4.6m General Fund; $4.6m other)	RSA 151-E	Title XIX of the SSA	05-01-10-04-01
Mid-level Care	152	$1.5m ($.7m federal funds, $.4m General Fund; $.4m other)	RSA 151-E	Title XIX of the SSA	05-01-10-04-01

MAJOR ACCOMPLISHMENTS & INITIATIVES

Continued implementation of SB 409: The addition of personal care, home modifications, and home delivered meals to the Home and Community Based Care Waiver for the Elderly and the Chronically Ill services is consistent with the mandate of SB 409 to expand the range of home and community based services as alternatives to nursing home care. DEAS has also made refinements to the acuity-based reimbursement methodology for nursing home care (required by SB 409), and to base payments to nursing homes on a patient's specific need. In 2002, DEAS worked with the HB 1182 Study Committee in its review of what progress has been made in implementing the requirements of SB 409. With the sunset of the fiscal provisions of this legislation, DEAS will be an active participant as the Legislature debates long term care.

Implemented the New Hampshire Family Caregiver Support Program: Funded by the Older Americans Act, this program helps family and other caregivers of frail elderly people continue to provide care for these individuals. The goal of this program is to prevent or delay expensive nursing home placement through information and assistance in accessing community-based programs, counseling, caregiver support groups, caregiver training, and respite care. The program makes limited funds available for out-of-pocket expenses such as personal care response systems, minor home modifications, wheelchairs, and incontinence supplies that pose an economic burden on caregiving families and which are not available to them through other programs.

Successfully completed the Nursing Home Transition Project: Awarded in 1999 by the federal Centers for Medicare and Medicaid Services, this grant helps nursing home residents safely transition from an institutional setting to living independently in a home or community setting with the services and supports they needed. The project targeted 20 nursing home residents in the Manchester-Concord urban corridor and Grafton County. With the assistance of Individual Service Coordinators who helped the project's participants relocate back to a community setting, a total of 28 persons were discharged from nursing facilities to community settings, and of this number, 25 have remained in an independent living situation.

Working to improve coordination of long term care services for the elderly and for adults with disabilities and chronic illness: With the assistance of the Robert Wood Johnson Foundation's Medicare-Medicaid Integration Project, DEAS began a statewide strategic planning process with a comprehensive internal review of its mission, programs, service population, and constituencies. The review showed that significant changes had occurred between the establishment of the agency in 1987 and the enactment of long term care reform legislation in 1997. As a result, DEAS redrafted its mission statement to reflect its new responsibilities, programs, and service population, as well as to embrace a service philosophy of consumer-directed services. The Division also conducted a series of 10 outreach sessions to gain public input across New Hampshire on the new mission statement and to obtain review and comment on the planning process itself.

Public input is a critical strategy in this effort. In the next phase, over 500 people attended 15 "town meetings" on long term care in which consumers, family members, caregivers, legislators, local and county officials, and others provided information regarding long term supports, barriers encountered in accessing supports and the strengths and weaknesses of the current system. Through this process, the following gaps and barriers in the current system were identified.

- Lack of coordination between long term care services and acute/primary care
- Transportation
- Affordable housing

- Lack of financial assistance with the high cost of prescriptions
- Staffing shortages in home health agencies
- Severely inadequate rates for community based social services
- No dental coverage available for low-income adults
- Lack of support for family caregivers
- Minimal respite care available for caregiving families
- Need for socialization opportunities for elderly persons
- Difficulties in applying for Medicaid
- Lack of programs based on cost-sharing for people who do not qualify for State programs but who cannot afford the full cost
- Lack of preventive programs that will reach older people before they need more expensive nursing home level care
- Need for increased support for elderly volunteers, especially mileage reimbursement for volunteer drivers on fixed incomes

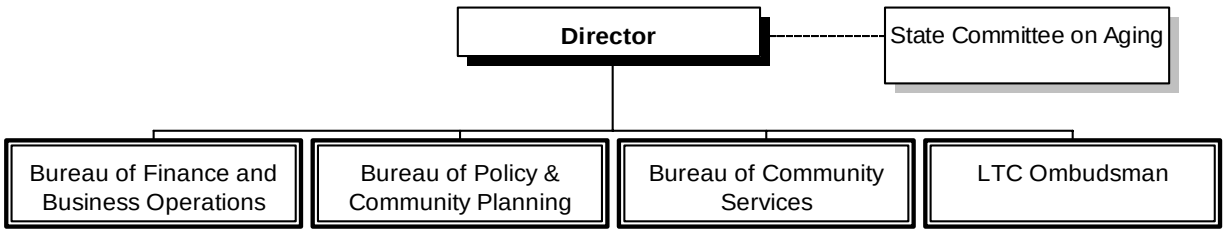
Based on the analysis of the town meetings, consumer surveys, and other input from stakeholders, DEAS will be developing recommendations and a plan for implementing them.

Completed an analysis of the Assessment and Counseling Pilot Project and began work on revising the current model in anticipation of statewide implementation. Mandated by SB 409, the purpose of the Assessment and Counseling Program is to determine if an applicant for Medicaid nursing home care meets clinical eligibility standards and to help nursing home applicants understand the alternatives to nursing home care and provide them with the information they need to make informed decisions about their care. The program currently is operating as a pilot in Belknap, Cheshire, Merrimack, and Sullivan Counties. Community-based working groups helped DEAS staff to analyze a consumer's path through the assessment and counseling process, identify critical junctures where coordination among providers is essential, evaluate how well the current service model coordinates these junctures, and make recommendations for changing the model. The analysis was completed in the fall of 2002, and DEAS is reviewing the work group's findings and recommendations for statewide implementation.

Actively participated on the Long-term Care Rate Advisory Committee. Pursuant to Chapter 198 of the Laws of 2001, the Long-term Care Rate Advisory Committee was established to advise DHHS on payment rates for the full spectrum of long term care rates. Composed of legislators, long term care providers and consumers, the Committee made the following recommendations for the legislature to consider for future legislation:

- Increase Medicaid rates for nursing home and home and community based health care to provide adequate reimbursement.
- Address the long-term care funding situation that will occur when the funding provisions of SB 409 sunset on July 1, 2003.
- Address a more accurate and timely acuity based system of reimbursement for nursing home care.
- Apply an acuity-based reimbursement system to other community-based systems when appropriate.
- Provide permanent financial support for ServiceLink as the cornerstone of the long-term care support system.
- Establish a tax credit for individuals and/or corporations that provide long term care.
- Review the Medicaid payment system to reprioritize areas of expenditures and to focus on Medicaid's core mission, cost control, and quality of care.
- Increase rates for non-Medicaid social services to provide adequate payment.

DIVISION OF ELDERLY AND ADULT SERVICES
– ORGANIZATIONAL STRUCTURE



DIVISION OF FAMILY ASSISTANCE

129 Pleasant Street Phone: 603-271-4580
Concord, NH 03301 Fax: 603-271-4637

OVERVIEW

The Division of Family Assistance (DFA) administers programs and services for eligible New Hampshire residents by providing financial assistance, food and nutritional assistance, support for Medicare beneficiaries, employment support services and short-term emergency help to obtain and/or keep safe housing. DFA staff determines initial and continuing eligibility and the amount of benefits for these programs and delivers benefits using federal and New Hampshire guidelines and policies. DFA staff also make eligibility determinations for all medical assistance programs and for help with child care costs.

DFA eligibility field staff are located in the 12 DHHS district offices and at the NH Healthy Kids Corporation. DFA employment and training staff are located in the 12 NH Employment Security, NH Works and Job Information center offices.

Vision

Every New Hampshire resident has access to the available social, economic, nutritional and medical supports necessary to ensure and maintain optimal levels of health, well-being, independence and self sufficiency.

Mission

The mission of the Division of Family Assistance is to carry out State and Federal laws by providing financial, medical, food and nutrition, emergency and child care assistance to eligible New Hampshire children and adults in a timely, equitable, accurate and customer-focused way that enables them to achieve and maintain health and economic stability. For the Temporary Assistance to Needy Families Program, an additional mission is to eliminate or reduce the harmful effects of poverty on families and children by emphasizing and supporting employment as the means to achieve economic security. DFA has a dual responsibility to: 1) ensure that individuals receive the services to which they are entitled, and 2) ensure that public funds are spent in accordance with the mandates of the law.

DFA's services and administrative functions are highly integrated with other divisions within DHHS. DFA coordinates financial and medical eligibility determinations for Home and Community Based Care applicants with the Divisions of Developmental Services (DDS) and Elderly and Adult Services (DEAS). It also coordinates financial and medical eligibility determinations for nursing home applicants with DEAS. Disability determinations necessary for APTD, ANB, TANF incapacity and disabled children's eligibility are coordinated with the Office of Health Planning and Medicaid (OHPM). Staff make referrals to the Division of Child Support Services (DCSS) and access their database to determine child support payments on behalf of DFA clients. Referrals are also made to Program Support for estate recovery, alleged fraud situations and collection of overpayments. DFA's New HEIGHTS database sends eligibility and some third party insurance data to MMIS and is also used by the Division of Children, Youth and Families (DCYF) staff to determine foster care payments and Medicaid eligibility for children in placement.

DFA staff make referrals to other divisions for access to available services and programs. For example, DFA links TANF eligible families with an array of TANF funded services provided by other divisions within DHHS, including substance abuse treatment services provided by the Division of Alcohol and

Drug Abuse Prevention and Recovery (DADAPR), rental assistance support provided by the Division of Behavioral Health (DBH) and home visiting support for young families provided by the Office of Community and Public Health (OCPH). In addition, DFA refers working families to DCYF for assistance in accessing child care and works closely with DCYF to ensure the coordination of services plans when a family is working with both agencies. Title XIX (Medicaid) and Title XXI (SCHIP) State Plans are coordinated with OHPM and the Office of Program Support. DFA conducts financial eligibility determinations for Child Care and for Medicaid and Healthy Kids, programs that are administered by DCYF and OHPM respectively.

Major responsibilities:
Program and policy development for programs under its jurisdiction.
Implementation and eligibility determinations for all needs-based programs – the requirements for 32 programs are integrated into one eligibility interview with one Family Services Specialist.
Development and implementation of employment-related, job readiness, training and barrier resolution services for Temporary Assistance to Needy Families (TANF) clients.
Maintenance of the computer system that automates the eligibility determination process, authorization of employment support services, tracking of employment and training activities and the benefit delivery system.

MAJOR CATEGORIES OF ASSISTANCE ADMINISTERED BY DFA

1) TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
   a. New Hampshire Employment Program (NHEP)
   b. Family Assistance Program (FAP)
2) STATE SUPPLEMENTAL ASSISTANCE PROGRAMS
   a. Old Age Assistance (OAA)
   b. Aid to the Permanently and Totally Disabled (APTD)
   c. Aid to the Needy Blind (ANB)
3) FOOD STAMP PROGRAM
4) MEDICARE BENEFICIARY SAVINGS PROGRAMS
   a. Qualified Medicare Beneficiaries (QMB)
   b. Specified Low-income Medicare Beneficiaries (SLMB)
   c. Qualified Working Disabled Individuals (QDWI)
5) OTHER SERVICES

1) TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM

The TANF Program provides financial assistance to needy families with children under 18 or young adults age 18 or 19 who are full-time students in high school or equivalent. These individuals must be deprived of parental support and care due to death, absence, incapacity, or unemployment of the principal wage earner. Eligibility for TANF also depends on a family's income, expenses, and resources. Families that become eligible for TANF are automatically eligible for Medicaid/Healthy Kids. In New Hampshire, the TANF program has two components:

a. ***The New Hampshire Employment Program (NHEP):*** As part of NHEP, employment and a full range of job preparation and training services are provided to assist families in their efforts to achieve self-sufficiency. DHHS has co-located staff at New Hampshire Employment Security offices where clients have access to a variety of services through the NH Works Job and Information Centers. The Centers also have service providers including NH Community Technical College, Welfare-to-Work (CAP), and the Departments of Education and Labor. DFA staff team with NH Employment Security and Community

Action Agency counselors to assess individuals, create individualized employability plans and arrange for employment-related activities and support services. Activities include job readiness, GED, life skills training, barrier resolution, on-the-job or classroom training, alternative work experiences, and job search skills. Employment related support services include child care, dental care, transportation assistance, and limited tuition assistance for certain educational programs.

b. ***The Family Assistance Program (FAP)***: This program benefits families with incapacitated adults as family heads and children living with a non-parent caretaker relative. There is no work requirement.

The TANF program is funded through a federal block grant with a requirement that state expenditures are maintained at 75% of the 1994 former AFDC program expenditure level (known as Maintenance of Effort or MOE).

Those eligible for TANF may also be eligible for short-term Emergency Assistance payments. These payments are targeted to safe and secure housing and homelessness prevention. Short-term assistance is available for rental and utility security deposits, rent, mortgage and utility arrears. Fuel delivery assistance is also available, and most emergency payments can be authorized only once per 12-month period.

2) STATE SUPPLEMENTAL CASH ASSISTANCE PROGRAMS

There are three types of supplemental cash assistance programs administered by DFA. They are:

a. ***Old Age Assistance Program*** (OAA): Provides cash to seniors age 65 and older who meet eligibility guidelines.
b. ***Aid to the Permanently and Totally Disabled Program*** (APTD): Provides cash to adults between the ages of 18 through 65 who meet eligibility guidelines, including a physical or mental disability expected to last for four or more years.
c. ***Aid to the Needy Blind Program*** (ANB): Provides cash to individuals of any age who meet eligibility guidelines, including the definition of blindness.

Eligibility for each of the State Supplemental Assistance Programs also depends upon the type of living arrangement and the amount of income and resources held by the individual (and the spouse, if living together). Clients eligible for State Supplemental Assistance payments are automatically eligible for Medicaid. In many cases, the State Supplemental Assistance augments the financial component of the federal Supplemental Security Income (SSI) Program, which is available for low-income aged, blind, and disabled individuals. Costs for OAA and APTD cash assistance are shared equally with the liable county. ANB costs are 100% General Funds.

The State is required by statute to seek reimbursement from the estates of certain OAA financial and medical assistance recipients, APTD financial assistance recipients, and APTD medical assistance recipients for benefits received while age 55 or older. There is no recovery from the estates of ANB recipients under state law.

3) FOOD STAMP PROGRAM

The Food Stamp program provides nutritional assistance to low-income families and individuals. Eligibility for Food Stamps depends on household size, income, expenses, and resources. Able-bodied individuals must cooperate with work-registration and job-search activities. A person does not need to qualify for another DHHS program in order to receive Food Stamps.

Issuance of Food Stamp benefits is electronic using a debit-style Electronic Benefit Transfer (EBT) method, whereby the individual makes food purchases using an EBT card at a grocery store. Meals-on-Wheels recipients may also access Food Stamp benefits. Food Stamp benefits are 100% federally funded. Administrative costs are shared equally between General Funds and federal funds.

4) MEDICARE BENEFICIARY SAVINGS PROGRAMS

Three federally mandated programs assist low-income elderly or disabled individuals by paying for Medicare premiums and/or Medicare coinsurance and deductibles. Eligibility and benefits are based on a sliding income scale. DFA administers these programs, which are funded under the Medicaid budget for the Office of Health Planning and Medicaid. Program descriptions follow:

a. ***Qualified Medicare Beneficiaries (QMB):*** This program pays for Medicare Part A and Part B premiums, coinsurance and deductibles for individuals who meet all financial eligibility requirements and are enrolled in Medicare Part A (hospital insurance.) Expenditures are matched 50/50 with Medicaid and General Funds. These individuals may also be eligible for full Medicaid benefits.

b. ***Specified Low-Income Medicare Beneficiaries (SLMB)****:* There are three levels of eligibility for the SLMB program. They are as follows:

- *Level 1 (120% of Federal poverty Guidelines):* This program pays for Medicare Part B premiums for individuals who meet all financial eligibility requirements and are entitled to Medicare Part B (physician and other services.) Expenditures are matched 50/50 with Medicaid and General Funds. Recipients may also be eligible for regular Medicaid benefits at the same time.

- *Level 2 (135% of Federal Poverty Guidelines):* This program pays for Medicare Part B premiums for individuals who meet all financial eligibility requirements and are entitled to Medicare Part B (physician and other services.) Expenditures are 100% Medicaid funds. These individuals are not eligible for regular Medicaid benefits at the same time.

c. ***Qualified Disabled Working Individuals (QDWI)***: This program pays Medicare Part A premiums for working disabled individuals who lost eligibility for Medicare Part A due to earnings. Expenditures are matched 50/50 with Medicaid and General Funds. These individuals are not eligible for regular Medicaid benefits at the same time.

5) OTHER SERVICES

Employment and Training Service: Division and contracted staff provide NHEP employment and training support services and other interagency staff collocated at 12 New Hampshire Employment Security offices throughout the State. Other interagency staff provide employment and training services to Food Stamp recipients.

Additional Eligibility Determinations for other Divisions:
Child Care: DFA staff process applications, determine eligibility and maintain cases in the Child Care Program which the Division for Children, Youth and Families administers.

Medicaid and Healthy Kids: DFA is responsible for administrative activities related to the eligibility portion of the Medicaid for Employed Adults with Disabilities (MEAD), all Medicaid coverage groups including nursing facility and Home and Community Based Care Waivers, and Healthy Kids medical assistance programs (CHIP). DFA also has the primary responsibility for the operational and implementation activities of these programs: processing applications, determining eligibility and maintaining cases. Facilitated applications for Medicaid for pregnant women and Healthy Kids coverage are also taken at NH Healthy Kids Corporation, at hospitals, well-child and prenatal clinics, WIC sites, child care centers, and other community agencies. Applications may be downloaded from the NH Healthy Kids Corporation web site at www.nhhealthykids.com or the DHHS's web site at www.dhhs.state.nh.us. Community agencies also have access to an electronic application form through wired wizard©.

SUMMARY INFORMATION FOR FAMILY ASSISTANCE

Major Program	**Clients Served SFY02**	**Funding SFY03**	**State Legislation**	**Federal Legislation**	**PAU #**
TANF (NHEP and FAP) Financial Assistance Grants Emergency Assistance	Av. of 5,699 cases/month Av. of 17,737 individuals/ month	$38.5m ($23.1m federal funds, $15.4m General Fund)	RSA 167:77-167: 92	Federal P.L. 104-193 Social Security Act Title IV-A Block Grant to States	05-01-09-04-01
NHEP (Employment & Training Services)	Av. of 1,808 active participants/ month	$4.9m purchased services ($2.45m federal funds, $2.45m General Fund)	RSA 167:77-167:92	Federal P.L. 104-193; Social Security Act Title IV-A Block Grant to States	05-01-09-02-02
Old Age Assistance (OAA)	Av. of 1,433 cases/month	$2.0m cash assistance ($1m General Fund, $1m county)	RSA 167:4	Social Security Act, Title XVI	05-01-09-04-02
Aid to Permanently and Totally Disabled (APTD)	Av. of 5,137 cases/month	$9.6m cash assistance ($4.8m General Fund, $4.8m county)	RSA 167:4	Social Security Act, Title XVI	05-01-09-04-02
Aid to the Needy Blind (ANB)	Average of 220 cases/month	$0.7m General Fund	RSA 167:4	Social Security Act, Title XVI	05-01-09-04-03
Food Stamps	Av. of 18,169 cases/month and av. of 37,243 individual/ month	$26.9m federal funds	RSA 161:2	Federal Food Stamp Act of 1977 as amended	100% Federal Issuance and Clearance

MAJOR ACCOMPLISHMENTS & INITIATIVES

NEW HEIGHTS: During the past two years, DFA has continued to dedicate substantial resources to the maintenance and continuous improvements of its computer system, New HEIGHTS.

- Initial automation of the Medicaid for Employed Adults with Disabilities Program (MEAD) – Phase 1 of eligibility was completed, including necessary interfaces with other Department systems and the contractor collecting premiums.
- New HEIGHTS Data Warehouse – Phase 1 extracted data and uploaded the information to the Department's data warehouse; five program snapshot reports and the district office caseload reports were completed and made available to staff, along with initial ad hoc reporting capability.
- TANF Lifetime Limit – the 60-month limit on eligibility first occurred in October 2001. Changes were made to track the extension process and automatically close families who are not authorized for extensions. This included new client decision notices.

FIELD OPERATIONS

- Initiated a remote training capability for all staff using the Internet and customized software. This capability allows for computer-based training to save travel time and expenditures. Staff can also conduct conference discussions with multiple participants from their regular workstation.
- Created a case review database for each district office that allows supervisory staff to collect information on a worker's case accuracy, identify and develop meaningful training, and take other corrective actions. Data is used in performance evaluations.
- With the Office of Health Planning and Medicaid, coordinated centralization of the Children's Health Insurance Program (CHIP) to provide consistent program information about benefits counseling and program choices, facilitate access to care, provide on-site supervision of staff and better coverage.
- Established roving eligibility workers whose primary responsibility is to assist district offices with workload demands due to vacancies, trainee staff and leaves of absence.

MEDICAID AND HEALTHY KIDS PROGRAMS

- New Hampshire entered into a cooperative outreach effort with the Social Security Administration (SSA) and the American Association of Retired Persons (AARP) in 2000-01. The Peer Assistance Model of outreach was conducted in seven states in order to provide information about the Medicare Beneficiary Savings Programs (QMB, SLMB) to potentially eligible seniors and disabled individuals. Applications were made through a simplified mail-in process and resulted in 1,239 new recipients.
- Implemented a medical expense log for Medicaid In and Out clients to help them better understand which services were used to meet spend down and which costs are their responsibility.
- Revised the earned income deduction for families covered by Medicaid to match those in the TANF cash program. This further supports employment and self-sufficiency, and allows families eligible for only a small cash grant to better manage their 60-month lifetime TANF limit.

STATE SUPPLEMENT PROGRAMS – OAA, APTD, ANB

- Revised the earned income disregard for the elderly (OAA) to be the same as in the disabled (APTD) program, so that eligibility would not terminate just because the individual turned 65.
- Identified all recipients not receiving SSA or SSI benefits to determine why. Most elderly and disabled individuals should qualify for one or both or these programs, based on work history or being low income and resource individuals. Follow-up will produce program savings.

FOOD STAMP PROGRAM

- New Hampshire's participation per 1,000 population in the Food Stamp Program (which is 100% federally funded) is less than half the national average. Participation of potentially eligible

households declines with age. A public information campaign has been underway for several years to reach eligible families, especially the elderly, homeless and working low-income families with children. Participation for families with children has increased 29% over the last 10 years and 12% for households comprised of only adults.

- Contracted with UNH to survey recipients on their health status, knowledge of nutritional needs and awareness of other available nutrition programs in order to develop instructional programs on how to eat wisely with limited food budgets.
- Produced and distributed an updated version of the Assistance Handbook to 5,000 service providers and also placed it on the Department's web site. The handbook is a compendium of services for low-income residents, including nutrition, medical, legal, shelter, domestic violence, local welfare, SSA, and other forms of assistance.

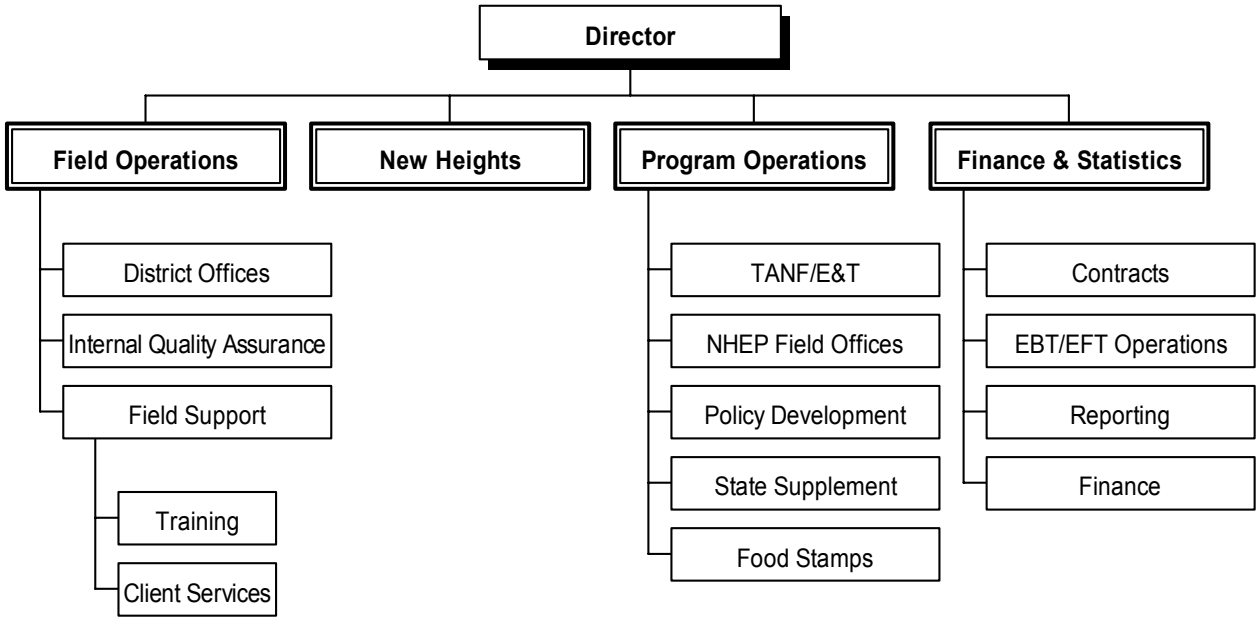
TANF

- New Hampshire was awarded a High Performance Bonus of $430,000 in 2002 from the US Department of Health and Human Services in the category of Success in the Workforce. This category is a combination of job retention rate and recipient earnings gain.
- The Success TRACK (Training and Career Knowledge) program, piloted in one area in 1999 has been expanded to five locations. The program offers short-term, occupational trainings, customized to meet both the needs of the local labor market as well as the NHEP participant. It is a collaborative effort with UNH Cooperative Extension Services, Community Action Agencies, and non-profit agencies/programs, such as Dress for Success and Project Second Start. By using a mobile training lab, the program is able to bring training to rural areas where such opportunities are typically limited.
- When TANF was implemented on October 1, 1996, there were 8,118 open TANF cases, 6,726 of which included an adult who was subject to the 60-month time limit. On October 1, 2001 when the first New Hampshire TANF cases reached the 60-month time limit, only 1.8% or 101 out of 5,476 cases had received continuous assistance for the 60-months.
- A Hardship Extension process was implemented in October 2000. An interagency team consisting of DHHS staff, consumer advocacy groups, and other non-profit community agencies reviews each family's request for an extension to the five year limit and determines if a valid reason exists to grant the family a six-month extension. The Hardship Committee recommends appropriate services available to the parent that would lead to removing barriers standing in the way of self-sufficiency, such as domestic violence, disability, substance abuse, lack of adequate child care or other life threatening situations.
- In the calendar year 2001, there were 2,695 TANF individuals that entered employment and the yearly average wage at placement was $8.44 an hour. In June 2002, 196 TANF individuals entered employment with wage at placement of $8.68 an hour.
- Launched a pilot Rental Guarantee Program designed to encourage landlords to rent to families who are in homeless shelters. The pilot in Manchester was successful and the program (funded through TANF) will be going statewide in SFY 2003.

ADMINISTRATIVE

The New Hampshire Employment Program (NHEP) is designed to provide an array of employment support services and related activities to assist individuals in moving from welfare to work. A number of performance indicators have been created to measure the success of the work program. Examples of performance measures include: the number and percent of individuals participating in various New Hampshire Employment Program activities, average hourly wage at placement, number of NHEP clients who obtain employment and percentage of cases that close TANF due to increased earnings from employment. Revised in June of this year, these measures will assist the Division in determining and standardizing the outcome of participation and financial gain of individuals involved in NHEP.

DIVISION OF FAMILY ASSISTANCE – ORGANIZATIONAL STRUCTURE



DIVISION FOR JUVENILE JUSTICE SERVICES

1056 River Road Phone: 603-625-5471
Manchester, NH 03301 Fax: 603-669-1203

OVERVIEW

The Division for Juvenile Justice Services (DJJS) was created under the provisions of Chapter 286 of the Laws of 2001 when the community-based juvenile probation and parole function, provided within the Division for Children, Youth and Families, was consolidated with the institutional services provided by the Department of Youth Development Services. The creation of DJJS reflects the commitment of the New Hampshire Legislature to an integrated juvenile justice system and the belief that this work is best accomplished within the supportive structure of DHHS.

DJJS is responsible for providing supervision and rehabilitative services to youth adjudicated delinquent under RSA 169-B and to children adjudicated under RSA 169-D as children in need of services (CHINS) in order to promote public safety and youth development. DJJS provides supervision, case management, and an array of rehabilitative services through its staff of Juvenile Probation and Parole Officers (JPPOs) and a network of community-based providers who are licensed and/or certified by DHHS.

As part of its responsibility to provide an array of residential services for juveniles, DJJS operates three facilities: The Youth Development Center, (YDC) an architecturally secure facility in Manchester for committed juveniles; the Youth Detention Services Unit (YDSU), an architecturally secure facility in Concord for detained juveniles; and the Tobey School, a residential and day school in Concord for educationally disabled students. In addition to the direct delivery and coordination of services to juveniles in the juvenile justice system and their families, DJJS oversees the development and quality of community-based services delivered by private providers. DJJS administers a number of federal delinquency prevention and intervention grants in collaboration with the State Advisory Group (SAG) and the local government units and community organizations that receive these grants.

The decision of the Legislature to create DJJS within DHHS has led both to improved service delivery for juveniles and their families and to important administrative efficiencies including:

1) Collaborative case management for joint DCFY/DJJS cases in which a child who is the subject of a child protection case becomes involved with the juvenile justice system;
2) Partnership with DADAPR to pool certain federal funding streams to support the development and evaluation of a pilot juvenile drug court program in four district court location;
3) Integrating juvenile facilities into the DHHS Bridges automated case management system; and
4) Enhanced support from DHHS for information technology and financial management reporting, revenue enhancement and cost containment.

Mission

To balance community safety and youth development. By 2007, DJJS will lead a premier juvenile services system documenting that clients/young people are measurably better when they leave its care and custody than when they entered it.

The Division's unique and effective approach will achieve positive results by assuring offender accountability through undoing the harm caused by misconduct, and by treating youth as assets to be developed within families and communities. As a result of investments in its workforce and contractors, DJJS will have the highest caliber of committed professional employees and providers who rely on strength-based and evidence driven interventions that are restorative in nature and culturally sensitive.

DJJS' potential for enhancing positive outcomes rests in its ability to:

1. Make a significant long-term investment in capital improvement yielding a state of the art secure treatment and detention facility that will significantly increase therapeutic and financial efficiency.
2. Instill public confidence in the juvenile justice system by documenting and publicizing effective operations and outcomes.
3. Emphasize proven preventative programs as well as mentoring and vocational services in collaboration with the businesses community.
4. Work effectively with law enforcement and the courts to assure an array of services focused on client and community needs.
5. Assure that the legislature has confidence in and relies on DJJS for its expertise and data for development of policy and resource allocation.
6. Empower communities, families, and youth to undertake positive initiatives.

DJJS SERVICES

1) JUVENILE PROBATION AND PAROLE SERVICES
2) INSTITUTIONAL SERVICES
   a. Youth Development Center
   b. Youth Detention Services Unit
   c. Tobey School
3) COMMUNITY PROGRAMS

1) JUVENILE PROBATION AND PAROLE SERVICES

Through its staff of Juvenile Probation and Parole Officers located throughout the State in 12 district offices and five satellite offices, DJJS annually provides supervision and case management services to approximately 4,000 juveniles and their families. The vast majority of these juveniles reside at home and receive supervision from JPPOs and rehabilitative services from a network of private providers. These rehabilitative services may include restitution, community service, mental health or substance abuse assessment or counseling, intensive supervision and tracking and in-home support services. A smaller percentage of these juveniles receive community-based residential services or residential care at the three facilities operated by DJJS. JPPOs supervise juveniles in their communities, coordinate and oversee services delivered by private providers, and supervise juveniles on parole from YDC.

2) INSTITUTIONAL SERVICES

a. ***Youth Development Center***: YDC is an architecturally secure facility in Manchester operated by DJJS that provides residential, rehabilitative, educational, and health services on a 24-hour per day, seven-day per week basis for a maximum of 108 adjudicated delinquent juveniles who are committed to YDC by the district courts. Depending on such factors as the terms of the court commitment order, the age of the juvenile at time of commitment and the juvenile's progress at YDC, a juvenile's stay at YDC may range from 30 days to several years. The average length of stay is approximately nine months. In SFY02, YDC served a total of 221 juveniles. The average daily population at YDC in SFY02 was 99.

b. ***Youth Detention Services Unit***: YDSU provides short-term architecturally secure care on a 24-hour per day, seven-day per week basis for a maximum of 23 juveniles who have been charged with a delinquent offense but not yet adjudicated or disposed. Depending on the juvenile's circumstances and the terms of the court's detention order, a juvenile's stay at YDSU may range from several days to several months. In SFY02 the average length of stay was 22 days. As a facility that provides short-term care to pre-adjudicated juveniles, YDSU insures the juvenile's safety and attendance at court, and delivers educational and necessary medical services to each detained juvenile. In SFY02, YDSU served a total of 358 juveniles. The average daily population in SFY02 was 20.

c. ***The Tobey School***: The Tobey School provides residential and non-residential educational and clinical services to educationally disabled students who have been identified as emotionally disturbed. The student population at Tobey includes both those educationally disabled students placed there by local school districts pursuant to RSA 186-C who are note involved with the juvenile justice system and those educationally disabled students who have been adjudicated delinquent or CHINS and are placed there by the district court. In SFY02, the Tobey School provided residential, educational and clinical services to a total of 47 students. The average daily population at the Tobey School in SFY02 was 16 residential students and 13 day students.

3) COMMUNITY PROGRAMS

As noted previously, the vast majority of juveniles and families served by DJJS reside at home, in foster care, or in community-based congregate living programs. These individuals receive services that may include residential treatment, outpatient counseling (for emotional or substance abuse problems), special education, diversion, and mentoring. Community programs include a wide array of services offered by private providers who must be licensed and/or certified by DHHS. The goals of DJJS' community programs are to keep juveniles in the most normalized environment while maintaining public safety, to undo any harm that the juvenile may have caused, and to promote young people as valuable assets to be reintegrated in their home communities and families. DJJS views the providers of community programs as partners in an effort to build and maintain the premier juvenile justice system.

SUMMARY INFORMATION FOR JUVENILE JUSTICE

Major Program	Number of Clients Served SFY02	Funding SFY02	State Legislation	Federal Legislation	PAU #
Juvenile Probation and Parole	CHINS 850 Delinquents 3,000	$5.06m, ($2.26m federal funds; $2.8m General Fund)	RSA 169-B RSA 169-D RSA 169-G RSA 170-G	42 USC 601 et Seq. 42 USC 620 et Seq. 42 USC 670 et Seq. 42 USC 1396 et Seq. 42 USC 5601 et Seq.	05-01-14-02-01 and 05-01-14-01-02
Institutional Services	YDC – 221 YDSU – 358 Tobey – 47	$14.75m, ($10.4m General Fund; $4.35m other)	RSA 621 RSA 621-A RSA 170-H	42 USC 601 et Seq. 42 USC 620 et Seq. 42 USC 670 et Seq. 42 USC 1396 et Seq. 42 USC 5601 et Seq.	05-01-14-03-01 through 06 05-01-14-04-01 through 04 05-01-14-05-01 through 03; 05-01-14-06-02 through 04
Community Programs	Provided funding for 60 community prevention and intervention program, including diversion and JOLT programs	$2.810m, ($2.801m federal funds; $9k General Fund)	RSA 169-B RSA 169-D RSA 170-É RSA 170-G	42 USC 601 et Seq. 42 USC 620 et Seq. 42 USC 670 et Seq. 42 USC 1396 et Seq. 42 USC 5601 et Seq.	05-01-14-01-001 and 05-01-14-01-02

MAJOR ACCOMPLISHMENTS & INITIATIVES

Construction of New Architecturally Facility for Detained and Committed Juveniles:

In 2001 the General Court established a commission (the SB 55 Commission) to undertake a comprehensive review of the State's architecturally secure facilities for juveniles. The SB 55 Commission represents all stakeholders in the juvenile justice system and includes three representatives and three senators. In its Interim Report of January 14, 2002, the Commission recommended the construction of a new facility for committed and detained juveniles on the grounds of the Youth Development Center in Manchester and directed DJJS/DHHS to immediately begin the preliminary design work on the facility so that funding for the facility could be considered as part of the State's SFY 04/05 capital budget process. With the active support of the Commission and the involvement of the neighborhood surrounding YDC, DJJS and the Manchester architectural firm of Lavallee/Brensinger, began the design of this facility in 2002.

In December 2001, the New Hampshire Department of Justice received notification that New Hampshire could utilize $13.4m in federal funds from the Violent Offender Incarceration/Truth In Sentencing program for the construction of a new architecturally secure facility for juveniles. The proposed facility would replace and consolidate the existing facilities for committed juveniles and detained juveniles in a single facility to be constructed on the Youth Development Center campus in Manchester. It is estimated that this funding, combined with existing capital appropriations carried over and authorized for this use, will provide approximately 50% of the estimated cost of the new facility.

Created a clear vision for the juvenile justice system that views youth as assets whose strengths can be developed within families and communities and that emphasizes community safety by focusing on restoration of the harm done by offenders to victims and communities.

Improved training for new juvenile probation and parole staff and institutional staff through new worker training institutes and academics.

Enhanced the capacity of Juvenile Probation and Parole Officers to address complex cases involving mental health or substance abuse by addition of staff with specialized training in these areas.

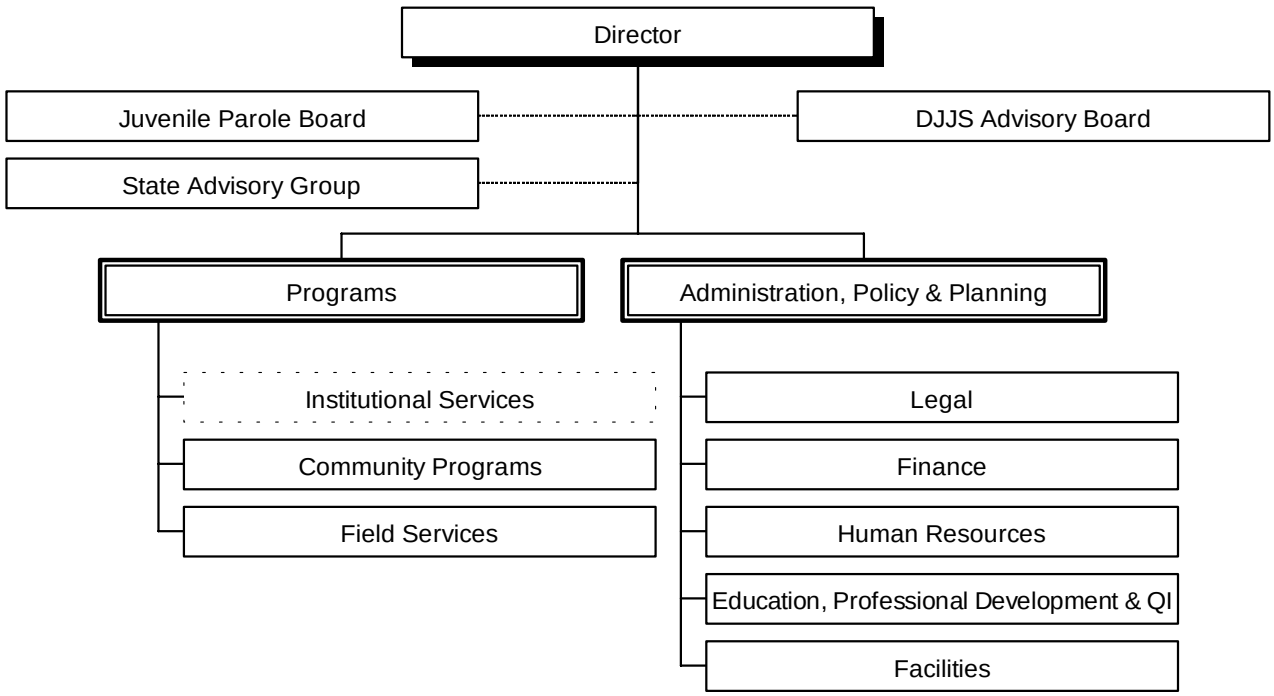
Collaborated with law enforcement to promote juvenile accountability through joint law enforcement/JPPO monitoring of juveniles in the critical late afternoon/evening period in the JOLT (Juvenile Officer Locator Team) program. Presently, 40 communities have JOLT.

Improved the facilities operated by DJJS to insure that each residential unit has some air-conditioned space. As result of these improvements and more effective management, during the hottest summer on record, no residents were hospitalized for heat related conditions.

Improved delivery of clinical services to juveniles committed to YDC through the stationing of clinical staff in each residential cottage.

Collaborated with the District Courts to implement and evaluate the efficiency of the juvenile drug court model, now being piloted in four Plymouth, Laconia, Concord and Nashua District Court locations.

DIVISION FOR JUVENILE JUSTICE SERVICES – ORGANIZATIONAL STRUCTURE



OFFICE OF HEALTH PLANNING AND MEDICAID

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Concord, NH 03301 Fax: 603-271-8431

OVERVIEW

The Office of Health Planning and Medicaid (OHPM) manages a number of key program activities under NH Medicaid that relate to care for Medicaid-eligible pregnant women, infants, children, individuals with special needs, and low-income elderly and/or disabled. OHPM's responsibilities include determination of "medical eligibility," enrollment and payment of medical providers, access to a voluntary managed care program with a dental component, access to Healthy Kids and Medicaid child health programs, pharmacy benefit management, and other activities. Also, through its planning and research capacity, OHPM works to identify the health care and social service needs of New Hampshire communities and assess how effective the State's delivery systems are in meeting those needs. OHPM works closely on planning and policy issues with DHHS divisions serving other Medicaid-eligible populations such as seniors and individuals with mental illness or developmental disabilities. OHPM also manages services that are administered across the other DHHS divisions such as prescription benefit management, third party liability, and fraud and abuse prevention.

Mission

To meet the health care needs of Medicaid-eligible pregnant women, infants, children, individuals with special needs, and low-income elderly and/or disabled persons, and to effectively manage the cost of providing these services.

Vision

Working together with communities, providers and others, we can improve access to health care services and enhance the health status and health outcomes of the individuals we serve through coordinated planning and cost-effective use of Medicaid program resources.

MAJOR PROGRAMS:

1) DETERMINATION OF MEDICAL ELIGIBILITY
2) MEDICAID PROVIDER PAYMENTS
3) VOLUNTARY MEDICAID MANAGED CARE PROGRAM
4) HEALTHY KIDS/STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)
5) DENTAL SERVICES
6) CHILD HEALTH ASSURANCE PROGRAM (CHAP)
7) CATASTROPHIC ILLNESS PROGRAM (CIP)
8) SPECIAL MEDICAL SERVICES (SMS)
9) PHARMACY BENEFIT MANAGEMENT (PBM)
10) HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM
11) VOLUNTEER DRIVER PROGRAM
12) COMMUNITY GRANT PROGRAM
13) OTHER SERVICES

1) DETERMINATION OF MEDICAL ELIGIBILITY

OHPM is responsible for evaluating whether an individual is medically eligible for Medicaid based on the existence of a disability. An individual may qualify by meeting the specific criteria of one of the following medical eligibility categories:

- Aid to the Permanently and Totally Disabled (APTD)
- Children with Severe Disabilities (CSD)
- Home Care for Children with Severe Disabilities (HC-CSD)
- Aid to the Needy Blind (ANB)
- Medicaid for Employed Adults with Disabilities (MEAD)
- Temporary Assistance for Needy Families-Incapacity (TANF-INCAP)

2) MEDICAID PROVIDER PAYMENTS

OHPM is responsible for making payments to providers serving Medicaid-eligible pregnant women, infants and children, and individuals with special needs. This area represents the largest OHPM expense and approximately 30% of the State's total Medicaid expenditures. Working with other DHHS Divisions, OHPM manages the cost of payments made to hospitals, physicians, and other medical providers as well as to non-medical providers including transportation services. Provider payments also include programmatic expenses for New Hampshire Healthy Kids and payment for Medicaid managed care services.

3) VOLUNTARY MEDICAID MANAGED CARE PROGRAM

DHHS offers many Medicaid participants the choice between a traditional fee-for-service program and a voluntary managed care program. OHPM contracts with local managed care organizations to provide managed care for families who elect to participate. The managed care plan offers an expanded network of providers as well as preventive and restorative dental care.

4) THE HEALTHY KIDS PROGRAM

New Hampshire Healthy Kids provides health coverage for children to promote healthy lifestyles, encourage preventive health and dental care, treat illness early, and manage chronic health conditions.

- *Healthy Kids Gold* is New Hampshire's Medicaid program for children. It provides coverage to Medicaid-eligible children ages 1-18 whose family incomes are less than 185% of the federal poverty level (FPL) and to infants up to age 1 with family incomes between 185%-300% of the FPL. (In 2002, the federal poverty level for a family of four was $18,100.)

- *Healthy Kids Silver* is the New Hampshire's State Children's Health Insurance Program (SCHIP), a federal-state program providing health insurance coverage to uninsured children. Healthy Kids Silver offers comprehensive, prevention-based managed care coverage to children ages 1-18 with family incomes between 185%-300% of the FPL. Children receive medical, dental and mental heath benefits for an affordable monthly premium based on family size and income. To qualify for Healthy Kids Silver, the child must be uninsured for six months prior to enrollment, although this requirement may be waived for good cause such as job loss.

The federal government presently pays an enhanced matching rate for all children enrolled in Healthy Kids Silver and for a portion of children enrolled in Healthy Kids Gold (i.e., infants up to age one with family incomes between 185%-300% FPL). Under this matching rate, the federal government pays 65% of costs, as compared to New Hampshire's usual Medicaid match rate of 50%. OHPM contracts with New Hampshire Healthy Kids Corporation (NHHK) to administer the Healthy Kids Silver program and to coordinate public education and technical assistance for both Healthy Kids Gold and Silver.

5) DENTAL SERVICES

Individuals under age 21 enrolled in Medicaid, or under age 19 enrolled in Healthy Kids Gold, are eligible to receive preventive dental services – including regular dental check-ups, cleanings, fluoride treatments (up to age 13), and sealants – as well as fillings and other restorative services, root canals and extractions. Orthodontic therapy (braces) requires prior approval from OHPM.

6) CHILD HEALTH ASSURANCE PROGRAM (CHAP)

This comprehensive preventive health program provides periodic medical and dental check-ups for all children eligible for Medicaid and Healthy Kids Gold up to age 21. Required by federal law, CHAP ensures that each child receives regular medical, dental, vision, and hearing check-ups and other check-ups as needed. The Department's CHAP specialists are required by federal law to inform newly eligible pregnant women and the parents of children under age 21 about these benefits and provide information about the importance of preventive health care.

7) CATASTROPHIC ILLNESS PROGRAM (CIP)

In accordance with RSA 137-G, OHPM manages the Catastrophic Illness Program Fund which assists low-income New Hampshire adults who require extensive medical treatment for one of the following: Cancer, Spinal Cord Injuries, Hemophilia, Cystic Fibrosis, or End Stage Kidney Disease. The fund enables those individuals to access needed medical care when they are unable to pay the entire cost of services or to gain coverage from other types of insurance and public assistance programs. The maximum payment on behalf of any individual is $2,500 per year.

8) SPECIAL MEDICAL SERVICES (SMS)

OHPM administers the Title V Maternal and Child Health Program, a program serving Children with Special Health Care Needs (CSHCN). Children with special health care needs have, or are at increased risk for, chronic physical, developmental, behavioral, or emotional conditions and also require health and related services of a type or amount beyond that required by children generally. Service delivery is arranged through primary care providers, specialists, managed care organizations, schools, area agencies, and other state agencies and services. The list of programs below describes the extent of care provided:

a. ***Pediatric Specialty Clinics:*** The SMS unit organizes community-based specialty clinics that treat children with complex medical needs such as child development, amputee, cleft lip, and palate and neuromotor disabilities. Evaluations are performed at these clinics by a multi-disciplinary team.

b. ***Nutrition, Feeding and Swallowing Program:*** Children with special health care needs often have nutritional problems related to their health conditions or medications being taken. Services of regional nutritionists and a feeding and swallowing consultant are made available to families for assessment and intervention, often in a school setting.

c. ***Family Support:*** A parent matching service linking veteran parents with new parents fosters peer support to help parents cope with the many stresses they experience in raising a child with special health care needs. In addition, a Family Support and Resource Center provides information about services and maintains a lending library of children's books on disabilities and support.

d. ***Financial Assistance:*** Funding is available to income-eligible families to assist in paying for medically related services required for their child.

e. ***Prior Authorization of Pediatric Private Duty Nursing Services:*** Requests for private duty nursing for children under age 21 are evaluated by a clinical review committee to determine the appropriateness of care and the scope and duration of services. The committee works with private commercial insurers to ensure maximum use of other available financial resources.

9) PHARMACY BENEFIT MANAGEMENT (PBM)

OHPM contracted with a Pharmacy Benefit Manager (PBM) in July 2001 to efficiently manage and administer the Medicaid outpatient prescription drug benefit. The prescription drug benefit, administered by the PBM across all Medicaid populations, includes the following components: (1) maximum allowable cost pricing, (2) prior authorization, (3) provider education and profiling, (4) prospective and retrospective drug utilization review, (5) disease state management, and (6) third party liability cost avoidance. These clinical, benefit design, and cost control tools improve patient health outcomes and promote cost-effective use of Medicaid's pharmacy benefit.

10) HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM

The HIPP program allows Medicaid individuals and families who have access to private health insurance to maintain that coverage as long as it is cost effective. The program pays the premiums for private coverage when the health care costs incurred by those persons would be paid at greater expense through Medicaid.

11) VOLUNTARY DRIVER PROGRAM

For Medicaid and Healthy Kids-Gold recipients who lack access to a vehicle or public transportation, New Hampshire Medicaid provides reimbursement for recipient and volunteer drivers to transport those individuals to and from their medical care appointments. Drivers must enroll in the program and are reimbursed at a flat rate per mile up to a Medicaid maximum mileage allowance per trip.

12) COMMUNITY GRANT PROGRAM

The Community Grant Program (CGP) supports community health care initiatives statewide by providing grant funding to organizations through interest earned on the State's Health Care Fund (RSA 167:69). Over the past six years, grant recipients have used competitively awarded funds for a variety of innovative projects to promote access to health care and social services, improve quality and cost-effectiveness, foster integration of health and social supports in communities, and expand consumer involvement in the delivery of care at the community level.

13) OTHER SERVICES

Medicaid Financial Services: OHPM is responsible for financial monitoring, budget management, rate setting, and fiscal impact analysis for the State's Medicaid program. Financial Services staff provide resources and leadership on cost reduction initiatives, prepare all contract documents, communicate with the federal Centers for Medicare and Medicaid Services (CMS), and integrate the Department's goals within available resources.

OHPM's Financial Services unit is also responsible for:

- Diagnostic Related Group (DRG) In-Patient Hospital reimbursement;
- Catastrophic Illness reimbursement to hospitals for lengthy, high-cost inpatient hospital stays;
- Capital pass-through payments to hospitals;
- Oversight of the cost settlement process;
- Pharmacy Benefit Management (PBM) financial analysis and reporting;

- Monitoring payments under the managed care contract and the design and development of data systems; and
- Management of audits of hospitals and community health centers (CHC) under an agreement with the Medicare intermediary that serves New Hampshire, Anthem Blue Cross and Blue Shield.

In addition, Financial Services coordinates non-emergency transportation referrals and reimbursements, reviews one-year over-ride requests on late claims, handles appeals, and approves reimbursement requests for retroactive client eligibility upon appeal to Fair Hearings.

Planning and Policy Development: OHPM has major responsibility for initiating and participating in Medicaid program planning, program implementation and policy communication. For each initiative affecting the provision of Medicaid services, OHPM assures that federal matching funds are available, and the initiative complies with applicable federal and State laws. OHPM also maintains its sections of the Title XIX (Medicaid) State Plan to assure federal matching of the State's Medicaid expenditures. In addition to planning, OHPM manages the administrative rulemaking, State Plan amendments, and systems changes necessary to implement legislation affecting Medicaid services. Another critical responsibility is communicating all new and changed policies, which is accomplished by issuing provider and recipient notices, the New Hampshire Quarterly Medicaid Bulletins, internal policy releases and by keeping Medicaid forms and brochures current.

In addition to Medicaid-related planning and policy development, OHPM supports community-based health planning across the State in partnership with seven community councils known as District Health Councils. The Councils are comprised of New Hampshire citizens, health and social service professionals, and elected officials. This collaborative planning process helps inform and coordinate State and community efforts to better understand the needs of residents and improve the delivery of State and community health care and social services. The Councils participated in the creation of a State Health Plan that continues to guide planning and policy development.

Research and Data Analysis: OHPM conducts research and analysis both to support Medicaid-related initiatives and to implement the specific recommendations set forth in the State Health Plan. Current priority areas include access to pharmacy services, development of measures of population health status to use in statewide and local level planning, analysis of health care access and health insurance availability for State residents, and continued development of a new research partnership with the New Hampshire Institute for Health Policy and Practice (NHIHPP) at the University of New Hampshire.

Medicaid Client Services: OHPM manages calls and correspondence from Medicaid recipients and applicants, medical providers, other State agencies, public officials and others. The inquiries generally involve questions about Medicaid-covered services, medical eligibility, billing, and policies and procedures. Referrals are made when appropriate to other resources such as local welfare or other State agencies, Medicare, District Offices, NH Help Line, and ServiceLink. Medicaid client services provides timely and accurate responses and assistance to customers.

Managed Care Services**:** Managed Care Services include the following responsibilities:
- Monitor, review, and implement federal regulations and state laws impacting the State's managed care program;
- Research, develop, and/or revise the Medicaid managed care Request for Proposals (RFP), contracts and amendments;

- Manage, monitor, and negotiate the Managed Care Organization vendor process;
- Develop, monitor, and evaluate business rules for system-related activities and request changes and sign-off on system implementation;
- Provide managed care information and perform enrollment and disenrollment activities;
- Educate and assist qualified Medicaid recipients and enrollees concerning managed care procedures; and
- Determine enrollment/disenrollment effective dates and notify recipients and managed care organizations on a daily basis.

***Fair Hearings*:** OHPM manages a fair hearing process to assure that Medicaid recipients and providers who dispute medical decisions are afforded their right to a fair hearing. On behalf of the Department, OHPM staff prepare for and attend hearings on a wide variety of issues, including:

- Denials of applications for eligibility for Aid to the Permanently and Totally Disabled (APTD) or Home Care for Children with Severe Disabilities (HC-CSD);
- Denials of Durable Medical Equipment (DME) and other Medicaid services as not being medically necessary; and
- Provider appeals for denial of reimbursement and issues relating to recoupment of Medicaid funds.

Prior Authorization: OHPM manages a prior authorization process for certain high-cost Medicaid services that require special approval. These services include out-of-state inpatient hospitalization (except for emergencies), private duty nursing, durable medical equipment (such as hospital beds and wheelchairs), specialty surgeries, and others. Requests to override "service limits" – preset limits on the number of visits or services allowed per individual per year – are also managed under this process.

Third Party Liability: Third Party Liability (TPL) refers to the legal obligation of third parties (i.e., certain insurers, entities, programs, or individuals) to pay for all or part of the medical care of a Medicaid-eligible individual. By federal law, the Medicaid program is intended to be the payer of last resort. All other third party resources must meet their obligation to pay claims before the Medicaid program pays for the individual's care.

OHPM ascertains whether third parties are liable to pay for services available under NH Medicaid. Once a third party is found to be liable, the State is required to either "cost avoid" or "pay and chase" claims. Under "cost avoidance," the provider of services bills and collects from liable third parties before submitting a claim to Medicaid. "Pay and chase" is utilized when the State pays the medical bills and then recovers the cost from liable third parties.

Surveillance and Utilization Review Subsystem (SURS): OHPM identifies and corrects fraud and abuse in the Medicaid program and assures that quality health care is delivered to all recipients according to the current standards of medical practice. The SURS unit analyzes reports to reveal potential overutilization and conducts provider and recipient desk and onsite reviews. Once SURS has identified a provider or recipient, the unit conducts educational activities, recovers the overpayment, and makes all appropriate referrals to the necessary law enforcement officials (e.g., State Police Narcotics Unit, Attorney General, or Office of Inspector General). The SURS unit is also responsible for removing any federally or state sanctioned provider from the NH Medicaid program.

SUMMARY INFORMATION FOR OHPM PROGRAMS

Program Activity	Accomplishments SFY02	Funding SFY02	State Legislation	Federal Legislation	PAU #
Payments on behalf of Medicaid Enrollees	Approximately 85,000 individuals enrolled	$220m ($110m General Fund, $110m federal funds)	RSA 126-A RSA 161 RSA 167	Title XIX of the Social Security Act	05-01-04-05
Medicaid Administration	All administrative functions	$15m ($7.5m General Fund, $7.5m federal funds)	RSA 126-A RSA 161 RSA 167	Title XIX of the Social Security Act	05-01-04-04
Medical Eligibility Determinations	5,033 decisions rendered (all categories)	Included in Administration	RSA 167	Title XIX of the Social Security Act	05-01-04-04
Medicaid Managed Care	Approximately 9,000 individuals enrolled	Included in Provider Payments	RSA 161 RSA 167	Title XIX of the Social Security Act	05-01-04-05
Healthy Kids	*Gold:* Approximately 50,000 children enrolled *Silver*: 4,635 children enrolled (average)	*Gold:* Included in Provider Payments *Silver:* $5.02m ($1.57 General Fund, $3.45m federal funds, $285k other)	RSA 161 RSA 167 RSA 126-H	Title XXI of the Social Security Act	05-01-04-05
Dental Services	15,000 children served	Included in Provider Payments	RSA 161 RSA 167	Title XIX of the Social Security Act	05-01-04-05
Child Health Assurance Program (CHAP)	10,880 parents and pregnant women sent information	Included in Administration	RSA 161 RSA 167	Title XIX of the Social Security Act	05-01-04-04
Catastrophic Illness Program (CIP)	846 adults served	General Fund: $300,000	RSA 137-G	State only	05-01-04-02
Children with Special Health Care Needs	2,268 clinic visits & encounters	Included in Provider Payments	RSA 132:11	Title V of the Social Security Act	05-01-04-02
Care Coordination for Children	950 children receiving care coordination	Included in Provider Payments	RSA 132:11	Title V of the Social Security Act	05-01-04-02
Pharmacy Benefit Management (PBM)	Total cost savings: $9.3 million	Included in Provider Payments	RSA 161 RSA 167 Chapter 281 (2000)	Title XIX of the Social Security Act	05-01-04-05
Health Insurance Premium Payment (HIPP)	Total cost savings: $690,000	Included in Administration	RSA 161 RSA 167	Title XIX of the Social Security Act	05-01-04-05

Volunteer Driver Program	17,578 clients served	Included in Administration	RSA 161 RSA 167	Title XIX of the Social Security Act	05-01-04-04
Community Grant Program	12 new grants 34 renewal grants	$828,137 $1,583,197 (Interest from Health Care Fund)	RSA 167:69	State only	05-01-04-03

MAJOR ACCOMPLISHMENT & INITIATIVES

Determination of Eligibility. New processes were implemented to improve the timeliness of processing eligibility applications in the Aid to the Permanently and Totally Disabled (APTD) program and the Home Care for Children with Severe Disabilities (HC-CSD) program. In February 2002, a new program, Medicaid for Employed Adults with Disabilities (MEAD), was implemented allowing people with disabilities to work and earn a higher level of wages without losing their Medicaid coverage.

Voluntary Medicaid Managed Care Program. The Medicaid managed care program with Anthem Blue Cross and Blue Shield was renewed for the period of July 1, 2001 through June 30, 2003. With implementation of an electronic data system, individual enrollments can now be completed over the phone, client notifications are automated and timely, payment reconciliation has improved, and information is more easily accessible. A dental plan for children was added to the managed care benefit through a partnership with Northeast Delta Dental Plan of New England.

Healthy Kids. Contracts were renewed with the NH Healthy Kids Corporation to continue administering the *Healthy Kids Silver* program and to carry out public education and technical assistance for the entire *Healthy Kids* program. A evaluation of program quality was completed, and greater centralization of the application process has been achieved. Changes in the *Healthy Kids Silver* program were implemented in April 2002. These changes included simplification of the Healthy Kids application and renewal application to improve overall efficiency.

Dental Services.

a. ***Medicaid Dental Data Surveillance System:*** A Medicaid Dental Data Surveillance System was developed to monitor and track changes in dental spending, utilization, and provider participation.

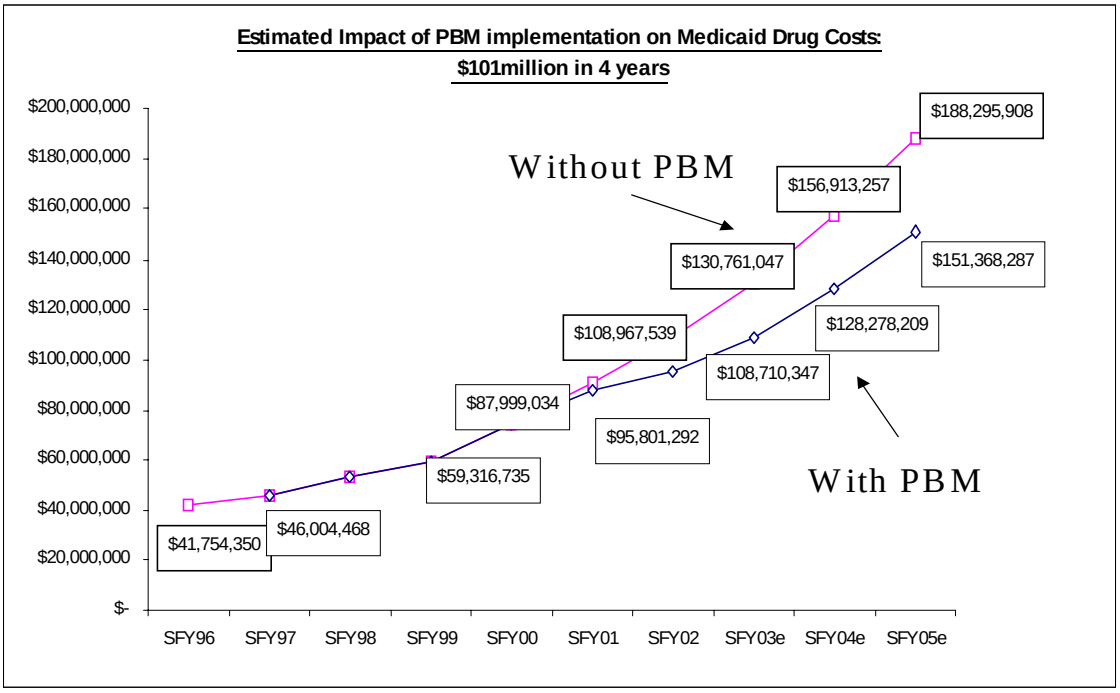
b. ***Orthodontic Prior Authorization:*** To achieve a more proportionate distribution of orthodontic versus preventive, restorative and oral surgery dental spending, a new set of Orthodontic Prior Authorization (OPA) policies was drafted and circulated to the provider community for review and comment. After the OPA policies are revised based on provider input, they will be implemented through the pubic rulemaking process.

c. ***Donated Dental Services (DDS):*** DHHS is collaborating in this project of the NH Dental Society that provides free dental services for the state's disabled, handicapped, and low-income elderly population through a network of volunteer dentists.

Child Health Assurance Program (CHAP). To improve services to CHAP-eligible families, CHAP activities were moved from the DHHS district offices and centralized at the State Office in Concord. This change enables CHAP workers to provide consistent information to eligible families about available

services, easier access for newly enrolled families, more efficient phone and caseload coverage, and statewide follow-up and referral.

Pharmacy Benefit Management (PBM). A Pharmacy Benefit Management contract was established with First Health Services Corporation (FHSC). In November 2001, Prior Authorization requirements were implemented for specific classes of drugs together with a Prospective Utilization Review process that is capable of screening at the point of sale for such problems as drug interactions, drug duplication, excessive use of medication, and refills that are requested too soon. PBM has substantially decreased the rate of increase in Medicaid prescription drug costs in New Hampshire as compared to national rates and saved over $9 million in SFY02. As a result, the trend line for Medicaid prescription drug spending in New Hampshire is now lower than the national average.



Medicaid Client Services. Call processing and call tracking are evaluated continuously to ensure that responses to inquiries are both informative and timely. Based on input from callers and customer satisfaction surveys, the phone script for Medicaid Client Services was revised in April 2002 to better direct calls coming in on the 800-line/call processor extension. Language was clarified and options were refined to better reflect current caller concerns. Refinements to the Call Tracking Database allow dental inquiries to be tracked. These improvements have enabled more prompt responses to Medicaid service concerns with the result that almost all calls are returned within one business day.

Prior Authorization. The prior authorization process was improved for certain high-cost Medicaid services. Review of out-of-state inpatient hospitalizations has been revised to provide timelier decisions, closer monitoring of discharge needs, limited case management, and timelier claims processing. Review processes for wheelchair van services have been improved to assure medically necessary transportation in accordance with applicable rules. A more systematic process has been developed for handling claims payments for multiple surgeries and for assigning specific fees to formerly manually priced durable

medical equipment (DME) codes. Customer service improvements have been implemented, including telephone call tracking and written correspondence improvements.

Third Party Liability. The Third Party Liability (TPL) unit has continued to improve TPL claims processing to promote "cost avoidance," where the provider of services collects payments owed by liable third parties prior to submitting a claim to Medicaid. Other process improvement efforts included surveying district offices to review opportunities for gathering additional TPL information. The TPL unit saved and recovered approximately $74.4 million in SFY 2002.

Surveillance and Utilization Review Subsystem (SURS). The SURS unit recovered approximately $1.4 million in SFY02.

Medicaid Planning and Policy Development. Activities under Medicaid-related planning and policy development included the following:

a. Completed necessary changes for Medicaid reimbursement of certified midwife services, thereby allowing Medicaid recipients greater choice in birthing alternatives.

b. Designed and implemented program improvements allowing Medicaid recipients to access transportation to medical services (such as adult medical day care) and allowing reimbursement for advance care planning and directives for severely ill patients.

c. Continued work with providers and DHHS grantees on expanding the provider network for medical interpreter services and promoting the use of these services to increase the quality of care for hearing-impaired and non-English speaking patients.

Health Planning and Research. Accomplishments under community based health planning and research included the following:

a. Community health planning groups (called District Health Councils) met in seven regions of the state throughout 2001 and 2002 to provide community input on:

- Expanding access to data assessing the health status of NH communities;
- Strengthening the financial status of safety net hospitals and community health centers;
- Enhancing Community Benefits needs assessment and reporting;
- Improving access to affordable health insurance for low-income, working individuals; and
- Improving access to affordable prescription drugs for the elderly.

b. In partnership with the Dartmouth Hitchcock Alliance, OHPM developed the *Regional Health Profiles,* a web-enabled information resource designed to assist communities in assessing the health status of their citizens. The *Regional Health Profiles* include narratives, tables, charts and maps for 55 health indicators across 26 geographic regions encompassing all of New Hampshire's cities and towns. The profiles can be accessed on line at http://www.dhhs.state.nh.us/DHHS/HPR/LIBRARY/Program+Report/RHP.htm.

c. In collaboration with the New Hampshire Attorney General's Office, a series of meetings were convened in regions across the state featuring presentations by local hospitals and other health care nonprofits on their experience with the new Community Benefits reporting law

(RSA 7:32c). The sessions focused on best practices, lessons learned, and how to make the needs assessment and reporting process more streamlined and effective.

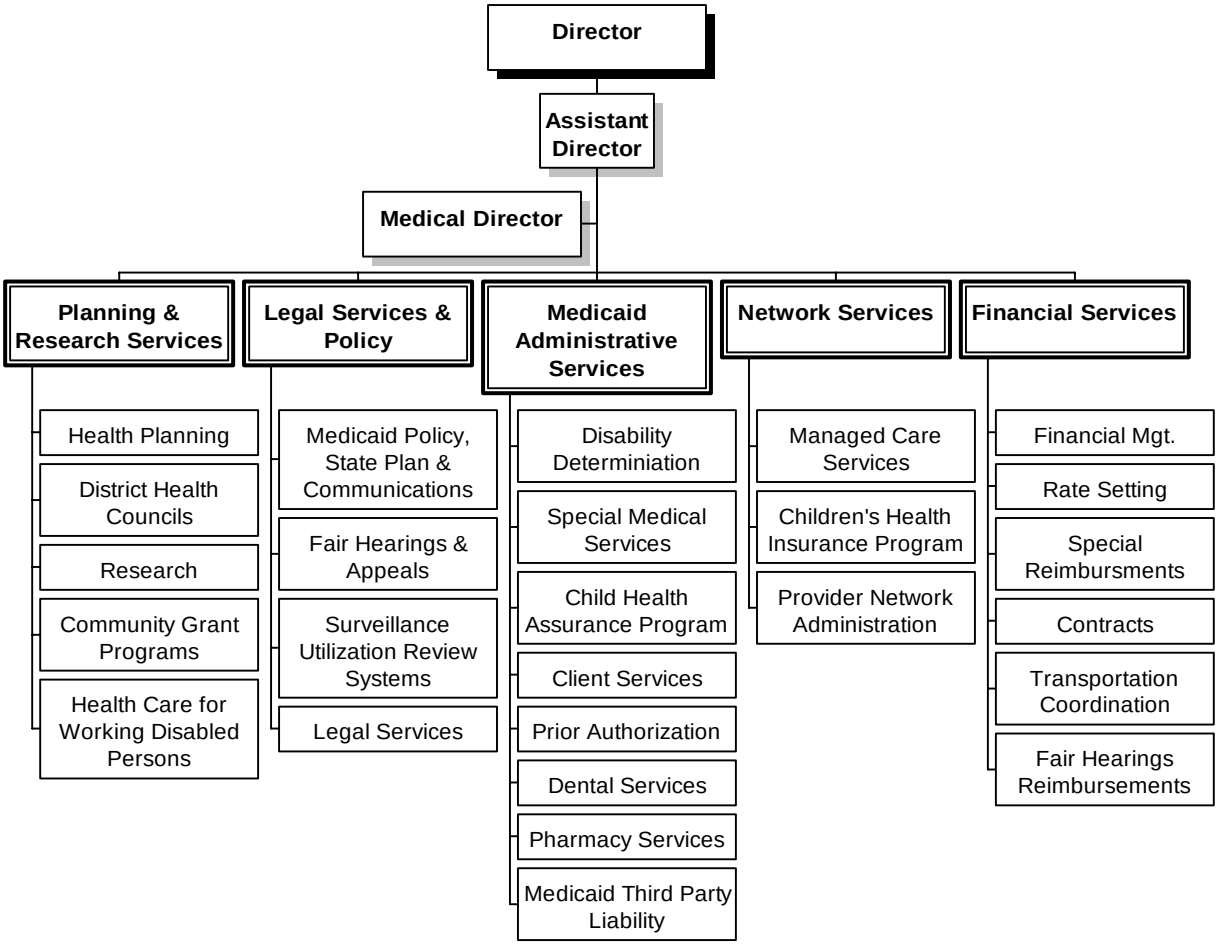
d. OHPM received competitively awarded grants from both the Robert Wood Johnson Foundation and the Agency for Healthcare Research and Quality to prepare a detailed analysis of the financial status of community health centers and community hospitals. Each of these landmark reports was released at a statewide conference that engaged interested parties in a discussion of implications for public and private health policy. The reports have been highly influential in State decision-making around planning and policy development, resource allocation, and support by private foundations.

e. Investigated low-cost options for expanding access to affordable prescription drugs for the elderly and uninsured, including a series of discussions with representatives of community health centers, hospitals and other "safety net" providers.

Community Grant Program. Since its inception by the State Legislature in 1996, the Community Grant Program has annually distributed the interest earned by the Health Care Fund to support innovative health and social service programs developed at the community and regional levels. In its grant round for SFY02, the Community Grant Program awarded 12 new grants totaling $828,137 through a competitive review process. Those grants went to community organizations throughout the State that are developing initiatives to improve the recruitment and retention of direct service and support workers who provide care and support to children, adults and elders in the community, institutional and home settings.

In addition, the Community Grant Program approved grant renewals totaling $1,583,197 for 34 continuing multi-year initiatives. Those grants went to community organizations engaged in a variety of projects aiming to promote access to health care and social services, improve quality and cost-effectiveness, foster integration of health and social supports in communities, and expand consumer involvement in the delivery of care at the community level. The Community Grant Program's investment in these projects has generated over $2,934,600 in matching funds and more than $16,492,6000 in leveraged funding from other sources for the benefit of the community organizations.

OFFICE OF HEALTH PLANNING AND MEDICAID – ORGANIZATIONAL STRUCTURE



OFFICE OF PROGRAM SUPPORT

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The Office of Program Support (OPS) is responsible for the oversight and management of legal services, licensing and regulation, and administrative appeals across the entire Department. Descriptions of the three main areas of responsibility of OPS follow.

1) ADMINISTRATIVE APPEALS

The mission of the OPS Administrative Appeals Unit (AAU) is to conduct impartial hearings and render decisions in accordance with the requirements of state and federal statutes and administrative rules. The AAU provides an appeals process that is recognized as providing due process to all parties in a manner that is recognized, both inside and outside the department, as fair, accurate and timely.

The appeals function is centralized and supports other divisions in DHHS by:

- Hearing all administrative appeals from final Department decisions;
- Developing standardized forms and decision formats;
- Providing ongoing supervision and training for hearing officers;
- Adopting rules of practice and procedure governing the conduct of hearings;
- Participating in training presentations on the administrative adjudicative process; and
- Keeping the Commissioner and other senior department managers apprised of issues highlighted through the appeals process.

DHHS Hearing Officers handle all administrative appeals within the Department. The AAU hears appeals from any individual applying for or receiving services from DHHS, from any facilities that are licensed or certified by DHHS, or any other matter within the jurisdiction of DHHS. Any individual or organization dissatisfied with a decision made by any office within DHHS may request an administrative appeal hearing (also known as a fair hearing) from the AAU.

Some examples of decisions that may be appealed to the AAU include:

- DHHS actions to deny, terminate or decrease individual benefits (e.g. Medicaid, Food Stamps, TANF, Old Age Assistance);
- Denials and revocations of licenses and certifications;
- Imposition of administrative fines;
- Allegations of client rights violations for persons with a mental illness or developmental disability;
- Revocation of conditional discharges from New Hampshire Hospital;
- Transfers of NHH patients to the Secure Psychiatric Unit; and
- Findings that place individuals on the DHHS central registry of child abuse and neglect.

The AAU is an independent unit, organizationally separate from line offices of DHHS. While administrative appeal hearings are legal proceedings, they are conducted in an informal manner allowing those who challenge a DHHS decision to tell their stories to an impartial hearing officer. These hearing officers review documentary evidence, hear testimony under oath from individuals, and issue written final legal decisions that may confirm or reverse the original determinations made by DHHS program offices.

2) LEGAL SERVICES

The mission of the OPS Legal Services Unit (LSU) is to operate as the Department's law firm by providing in-house legal representation in the day-to-day operation of the Department. The LSU strives to provide quality legal services to all areas of the Department in an effort to meet the ongoing legal needs of the Department, actively and proactively, as advocates and advisors.

The LSU provides integrated legal support to the entire Department. This support includes three important areas: Legal Services, Administrative Rulemaking and Special Investigation. Acting as general counsel, the LSU provides legal advice to the directors and administrators who make the policy decisions that affect the Department and its clients. The LSU advocates for the entire Department by appearing in court and before various administrative forums. Administrative Rulemaking provides a centralized resource of expertise for the whole Department to ensure that all rule filings are consistent and in accordance with the Administrative Procedures Act. Special Investigations is the clearinghouse for all claims of fraud and overpayment within the public assistance programs. LSU legal staff work with program staff to detect, investigate and resolve such fraud and overpayment through the civil and criminal process. It is this structure of integrated legal support that allows the LSU to utilize limited attorney and legal resources efficiently so that no part of the Department is without legal coverage.

The Legal Services Unit (LSU) supports DHHS in three areas:

a. Administrative Rulemaking
b. Legal Service
c. Special Investigation

a. ***Administrative Rulemaking***: The Administrative Rulemaking unit provides coordination and oversight to all DHHS rule-making activities. From drafting through adoption, the unit assists the various program areas with the rule-making process to promote uniformity, eliminate conflicts between rules, and ensure that essential regulations have not expired. The Administrative Rulemaking unit also serves as the centralized repository for DHHS's current and historical rule promulgations and serves as the liaison in all matters relating to Departmental rules.

b. ***Legal Practice Services***: Legal Practice Services is comprised of attorneys, para-professionals, and support staff who deliver a wide range of legal services to all DHHS program areas.

Legal Practice Services attorneys who support the Division for Children, Youth and Families appear in court regarding guardianship of minors proceedings and termination of parental rights. These attorneys also draft pleadings and appear in court regarding child protection, Children In Need of Services (CHINS), and delinquency cases.

Attorneys for the Division of Behavioral Health supervise investigations regarding client complaints at community mental health centers and other facilities including New Hampshire Hospital and Glencliff Home for the Elderly. They manage complex interdisciplinary investigations of any unexpected client deaths or other serious incidents. These attorneys prosecute cases for the appointment of guardians for persons admitted to New Hampshire Hospital or Glencliff. Other responsibilities include filing and prosecuting petitions for involuntary admission to New Hampshire Hospital.

Attorneys for the Division of Child Support Services file petitions to establish paternity and child support orders for the benefit of children and families and to recover costs associated with the TANF program.

DHHS attorneys also provide other legal advice and general counsel services to all areas of the Department. This includes assisting in the interpretation of laws, policies, and legislation, providing representation in administrative hearings, and providing litigation support to the Attorney General's Office in cases involving DHHS.

c. ***Special Investigations***: The Special Investigations unit is responsible for the investigation of allegations of welfare fraud in DHHS administered programs. As part of this general responsibility, Special Investigations staff refer fraud cases for prosecution. The Special Investigations unit also establishes claims for recovery of overpaid benefits and pursues recovery of these funds.

3) LICENSING AND REGULATION SERVICES

The mission for the OPS Licensing and Regulation Services (LRS) is to deliver licensing services to providers in a manner that strives to provide safety for consumers in accordance with current best practice standards while not having a negative impact on the business activity of the licensee.

Centralization has served to establish a productive and close working relationship between the OPS Bureau of Child Care Licensing and DCYF Child Development Bureau. LRS also has established ties with our Bureau of Food Protection and those units that directly administer DHHS public health activities. In addition there is a cooperative working relationship between LRS and special investigations and both units that investigate possible abuse/neglect of both adults and children.

LRS is administered centrally from state offices in Concord. Most field staff are out-stationed and are generally responsible for provider licensing within assigned geographic areas.

Licensing and Regulation Services has distinct licensing responsibilities including:

a. Child Care Licensing
b. Food Protection
c. Health Facilities

Additionally, there are administratively attached licensing boards.

Each licensing area conducts its activities through on-site inspection and monitoring visits performed by licensing specialists who have expertise in their particular fields. Licensing staff also provides technical assistance to new and existing providers and are responsible for investigations of consumer complaints.

a. ***Child Care Licensing***: The Bureau of Child Care Licensing (BCCL) ensures that children attending New Hampshire childcare programs are in safe and healthy environments and are provided with care, supervision and developmentally appropriate activities that meet each child's physical and emotional needs.

The BCCL accomplishes this through on-site evaluations, monitoring, and by conducting investigations that ensure compliance with applicable State Statutes and Administrative Rules, approval and issuance of licenses, and initiation of appropriate disciplinary action when necessary for regulatory compliance and the protection of children.

The BCCL also provides consultation and technical assistance to existing licensed child care providers and persons who might consider applying for a child care program license to help them understand licensing regulations and to suggest best practices in the child care field. BCCL licenses seven categories of child care programs:

- Family Child Care Homes
- Family Group Child Care Homes
- Group Child Care Centers
- Child Care Nurseries
- School Age Programs
- Night Care Programs
- Residential Child Care Programs

b. ***Bureau of Food Protection****:* The mission of the Bureau of Food Protection (BFP) is to protect the New Hampshire food supply and prevent food borne illnesses. The BFP does this by licensing and inspecting New Hampshire establishments where food is produced, manufactured, stored or sold. The BFP is also involved in the investigation of food borne disease outbreaks, food salvage after natural and man-made disasters, and training of food service workers. In addition, the BFP investigates food borne disease and sanitation complaints from consumers.

The BFP is comprised of five different program areas including:

- Food Sanitation
- Commercial Shellfish Sanitation
- Dairy Sanitation and Bottled Water and Beverages
- Licensing and Regulation
- Food Biosecurity

The BFP provides licensure, registration and certification of the following:

Bakeries
Bed and breakfast facilities
Caterers
Commercial shellfish processors
Dairy farms and plants
Food service establishments
Food processors
Home food manufacturers
Vending machines
In-state beverage and bottled water plants
Mobile food units
Out-of-state beverage and bottled water producers
Retail food stores
School cafeterias
Senior meal sites
State and county institutional meal sites

c. ***Health Facilities Administration****:* The Bureau of Health Facilities Administration (HFA) develops, establishes and enforces basic standards for the care and treatment of persons in hospitals and other health care facilities in which medical, nursing or other remedial care are rendered. Licensing and inspecting New Hampshire's health care establishments ensures the health and safety of the citizens serviced by those establishments.

Under the authority of the Social Security Act, Section 1864, HFA is the contract survey and certification agency for the New Hampshire State Medicaid Office and the federal Centers for Medicare and Medicaid Services. HFA conducts on-site certification surveys for

provider participation in the Medicare and Medicaid programs. Additionally, HFA issues certifications to community residences providing residential placements for individuals with developmental disabilities receiving services through the Community Care Waiver and other department programs.

HFA provides licensure and certification services for the following facilities and health services:

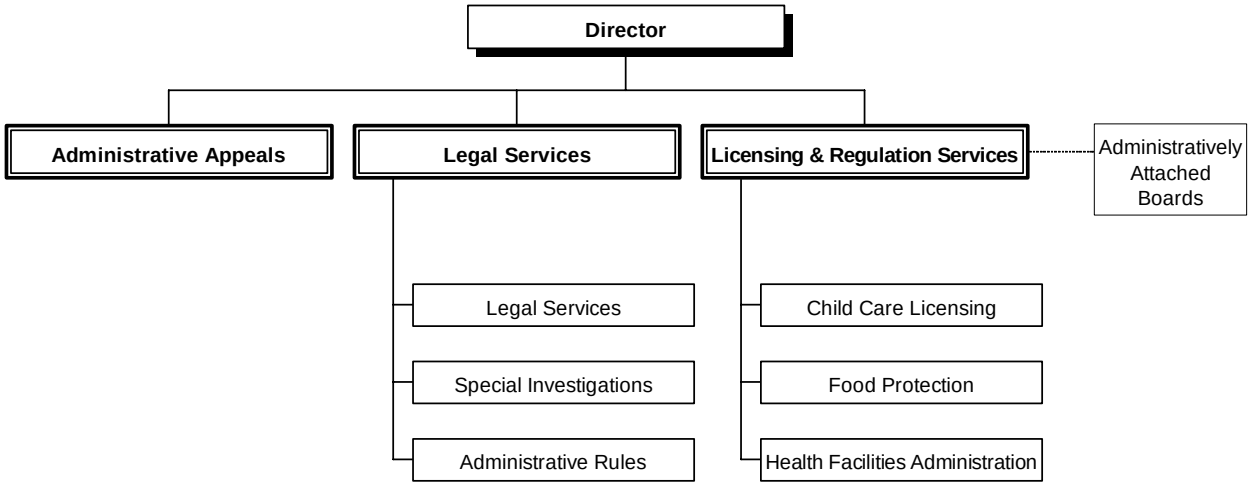
Acute Psychiatric Residential Treatment	Nursing Homes
Ambulatory Surgical Centers	Outpatient and Rural Health
Assisted Living: Residential Care	Residential Treatment & Rehabilitation
Birthing Centers	Tattoo Establishments
Clinical Laboratory Improvement	Tattoo Practitioners
Amendments (CLIA) Certificates	Adult Day Care
Community Residences	Case Management
Freestanding Hospital Emergency	End Stage Renal Dialysis
General Hospitals	Health Promotion, Disease Screening
Home Health and Hospice Agency	Homemaker
Laboratory and Collection Stations	HIV/Lead Blood Testing

d. ***Administratively Attached Boards***: There are 16 Licensing Boards administratively attached to DHHS with support provided by Licensing and Regulation Services. The degree of the Department's involvement with each board is defined by an individual formal agreement and varies from minimal to substantial. The Boards that receive direct support include: the Board of Acupuncture Licensing, the Board of Massage Therapists, the Board of Naturopathic Examiners, the Electrology Advisory Committee, the Ophthalmic Dispensing Advisory Council, and the Board of Dietitians.

SUMMARY INFORMATION FOR PROGRAM SUPPORT

Major Program	**Number of Clients Served SFY01**	**Funding SFY02**	**State Legislation**	**Federal Legislation**	**PAU #**
Bureau of Child Care Licensing	1,296	$778k ($315k General Fund, $463k federal funds)	RSA 170-E		05-01-05-02-01
Bureau of Food Protection	4,940	$875k ($822k General Fund $8k federal funds, ($45k special funds)	RSA 143, 143-A, 146, 184		05-01-05-02-03
Bureau of Health Facilities	2,984	$1.8m ($672k General Fund, $1.1m federal funds, $4,200 Other)	RSA 151	Social Security Act Sections 1861, 1864 and 1875	05-01-05-02-02

OFFICE OF PROGRAM SUPPORT – ORGANIZATIONAL STRUCTURE



NH MEDICAID PROGRAM

INTRODUCTION TO MEDICAID

Established in 1965, Medicaid is a joint federal-state program providing health care to eligible needy persons. Medicaid is administered by the states within broad federal guidelines. Each state's Medicaid program is different, reflecting that state's priorities in designing program eligibility and benefits. All states operate their Medicaid programs in accordance with a customized State Plan that describes the program's basic eligibility, coverage, reimbursement, and administrative policies.

To meet the diverse needs of the populations it serves, Medicaid covers a broad range of health and long term care services, including physician and hospital services, nursing home care, and prescription drugs. Medicaid is the largest single purchaser of maternity care in the U.S. and the program also pays for over half of all nursing home care. While the federal government requires state Medicaid programs to provide a core set of benefits, states also have flexibility to provide "optional" services. Optional services include prescription drugs (which all states have elected to provide), as well as services like adult dental care, hospice care, and prosthetic devices.

The Medicaid population, largely because it includes the elderly and the disabled, uses health care services more intensively than the population as a whole. The elderly and the disabled account for over two-thirds of all Medicaid spending in the U.S. although they represent only one-quarter of total Medicaid enrollees.

The federal government and the states share responsibility for financing Medicaid. The federal government matches state Medicaid spending at rates that vary by state based on state per capita income. For New Hampshire, the federal match has been set at 50% since 1988, which means the State draws down one federal dollar for each state dollar it spends. Medicaid's matching formula provides an important vehicle for states to leverage federal dollars to increase funding for health and long term care services.

NEW HAMPSHIRE'S MEDICAID PROGRAM

New Hampshire's Medicaid program is designed to meet the varied needs of the approximately 85,000 residents who are currently enrolled in the State's program. Different divisions within DHHS oversee service delivery to ensure that health care needs are met for the different population groups served. These program functions are highly integrated throughout DHHS and are coordinated by the Office of Health Planning and Medicaid (OHPM). OHPM works with program managers across other divisions to ensure that the State's Medicaid program is successful in meeting overall operational and financial goals and thereby achieving the outcomes that are essential to the health and well being of New Hampshire's most vulnerable citizens.

Within the broad federal structure, New Hampshire sets specific policies and priorities for its Medicaid program and carries out the following major activities:

- Determines financial and medical eligibility;
- Establishes the scope of covered services;
- Sets payment rates for reimbursing providers and controls costs; and
- Manages how services are delivered to different population groups.

1) ELIGIBILITY FOR MEDICAID

Medicaid covers three main groups of low-income individuals: the elderly, the disabled, and parents and children. New Hampshire's eligibility criteria are established through the administrative rulemaking process and by the State Legislature within the federal guidelines. An individual will be determined Medicaid-eligible only if he or she meets the criteria for one of the specific eligibility categories. Thus, even individuals with extremely low-incomes may not be eligible for Medicaid unless they qualify under an established eligibility category.

Different divisions within DHHS make determinations regarding eligibility for Medicaid services:

- "Financial eligibility" and all non-financial eligibility (except "medical eligibility") are determined by the Division of Family Assistance (DFA).
- "Medical eligibility" is determined by the Office of Health Planning and Medicaid (OHPM) when based on the existence of a disability, and by the Division of Elderly and Adult Services (DEAS) when based on eligibility for long term care services.
- Eligibility for children in foster care and those receiving adoption subsidies is determined by the Division for Children, Youth and Families (DCYF).

2) MEDICAID COVERED

The State's Medicaid program provides a comprehensive range of medical services. Subject to certain service or visit limits, New Hampshire Medicaid covers the following federally mandated services:

- Inpatient hospital services
- Outpatient hospital services (12 visits per year)
- Nursing home care
- Physician services (18 visits per year)
- Home health care
- Federally qualified health center (FQHC) and rural health clinic (RHC) services
- Laboratory and x-ray services (15 x-rays per year)
- Early and periodic screening, diagnosis, and treatment (EPSDT) services for children under 21, including medical exams, immunizations, dental care, vision and hearing testing and services.
- Family planning services and supplies
- Nurse midwife and nurse practitioner services.

New Hampshire Medicaid also covers optional services including the following:

- Prescription drugs
- Institutional care for individuals with mental retardation
- Psychotherapy (12 visits per year)
- Community mental health center services
- Chiropractic services (6 visits per year)
- Podiatrist services (12 visits per year)
- Durable medical equipment (prior authorization required)
- Physical-occupational-speech therapy (80 15-minute units per year)
- Dental care for adults (for acute pain or infection)
- Vision care and hearing aid services
- Adult medical day care
- Therapeutic foster care services
- Ambulance and wheelchair van transportation.

In addition, New Hampshire Medicaid pays for long term services and supports offered in the home and other community settings. These optional services require the State to apply for and receive special waivers of federal regulatory requirements and include the following waiver programs:

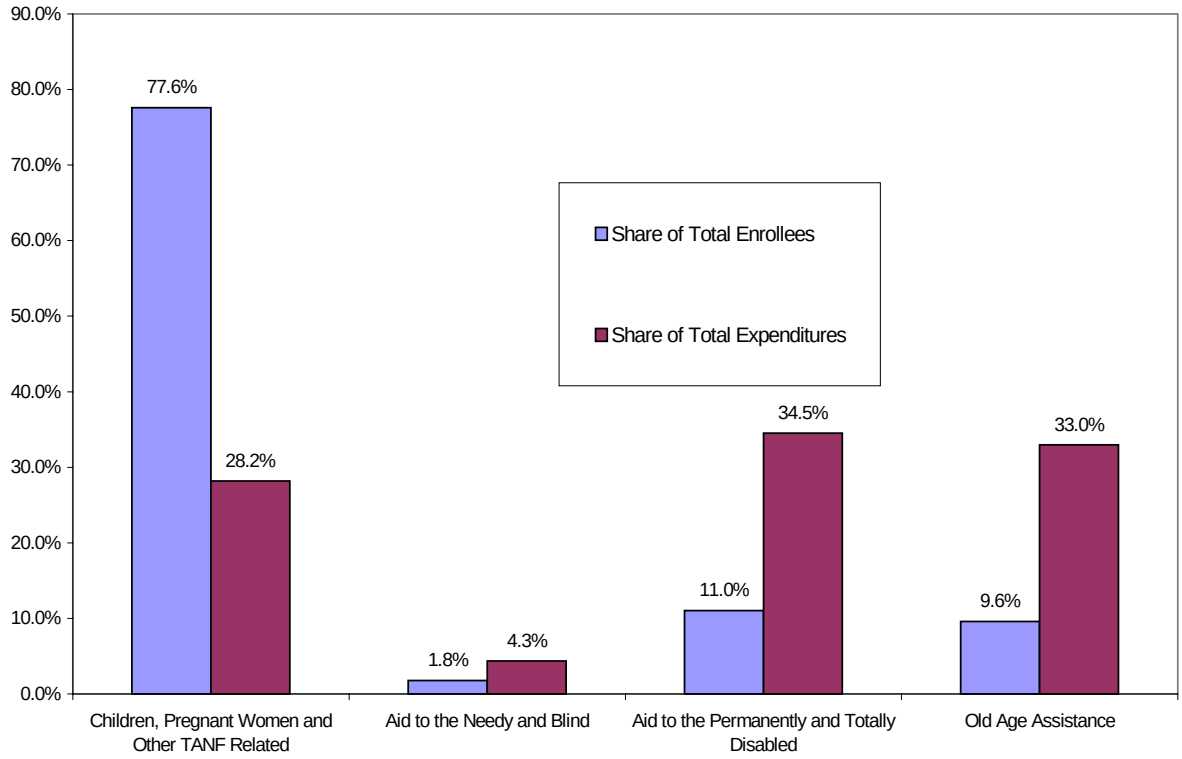
- Home and community based services (including case management services) for the elderly and chronically ill (HCBC-ECI waiver)
- Home and community based services (including case management services) for the developmentally disabled (HCBC-DD waiver)
- Home and community based services (including case management services) for individuals with traumatic brain injury or acquired brain disorders (HCBC-ABD waiver).

3) PAYMENTS TO PROVIDERS

Similar to private insurers, New Hampshire Medicaid makes payments directly to participating health care providers. Because New Hampshire has a 50% federal matching rate, the federal government pays for half of the cost of services. By federal law, providers must accept the Medicaid reimbursement level as payment in full.

Because the elderly and disabled tend to use more expensive services, they account for most of Medicaid's costs. Children, pregnant women and other populations enrolled in New Hampshire Medicaid through the TANF program represent more than 75% of Medicaid recipients, but account for just over 25% of program spending. Elderly and disabled individuals represent less than 25% of Medicaid recipients, but account for more than 70% of NH Medicaid spending.

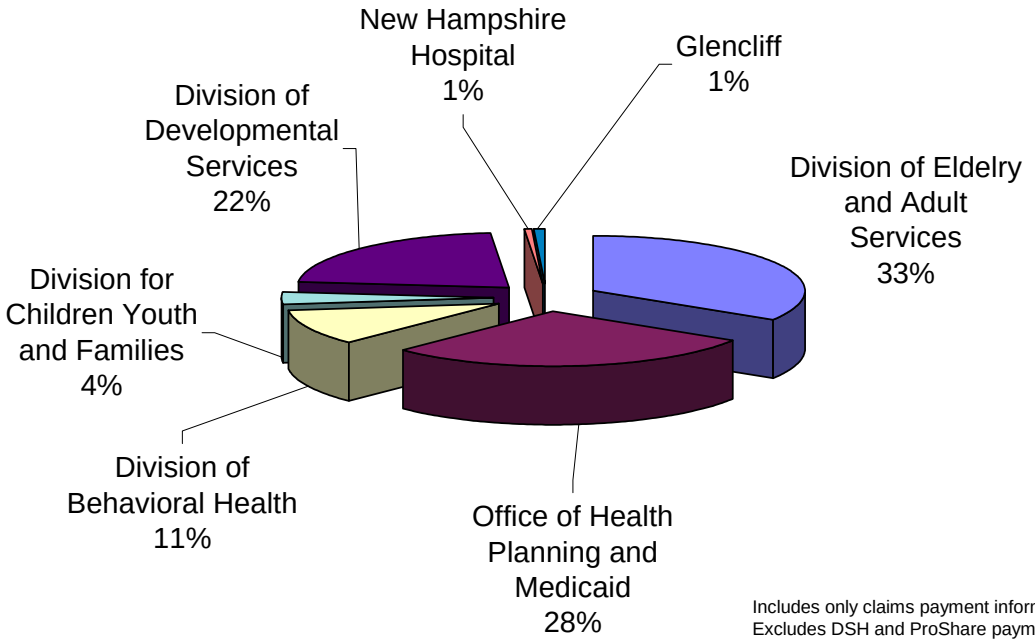
Distribution of Expenditures and Enrollees by Category of Eligibility: State Fiscal Year 2002



4) PROGRAM ADMINISTRATION

New Hampshire Medicaid covers population groups that often have divergent health and social service needs. Different types of program expertise are needed to manage service systems for seniors, pregnant woman, children, and individuals with developmental disabilities or mental health conditions. To ensure the most effective service delivery, major components of New Hampshire's Medicaid program are administered by different divisions of DHHS that specialize in addressing the needs of specific sectors of the Medicaid population. These program responsibilities are closely coordinated between DHHS divisions to ensure integrated program management.

Distribution of ~$700 Million in Medicaid Service Payments by Division and for NH Institutions State Fiscal Year 2001



Includes only claims payment information.
Excludes DSH and ProShare payments.

Examples of each division's areas of responsibility are provided in the next section. More detailed information is provided in the sections of this publication that correspond to each of the following divisions:

Office of Health Planning and Medicaid (OHPM): Preventive and acute medical care for

- Medicaid-eligible pregnant women, infants and children.
- Individuals with special needs, such those eligible under Children with Special Health Care Needs (CSHCN), Aid to the Permanently and Totally Disabled (APTD), and Aid to the Needy Blind (ANB), and Old Age Assistance (OAA) not related to long term care programs.

Division of Elderly and Adult Services (DEAS):

- Nursing Home Care for eligible seniors or disabled individuals who are residents in a long term care facility.

- Home and Community Based Care for the Elderly and Chronically Ill (HCBC-ECI waiver) for eligible individuals who can remain in community settings with appropriate services in lieu of nursing home care.

Division of Developmental Services (DDS):

- Home and Community based Care for Developmentally Disabled (HCBC-DD waiver) for individuals with developmental disabilities who can remain in community settings with appropriate services in lieu of nursing home care.
- Home and Community based Care for Acquired Brain Disorders (HCBC-ABD waiver) for individuals with traumatic brain injuries or neurological disorders who can remain in community settings with appropriate services in lieu of nursing home care.
- Community based early intervention services for eligible infants and toddlers from birth through age two provided within the context of their family lives and their own communities.
- Community based case management for children and adolescents with chronic health conditions such as asthma, diabetes, ADD/ADHD, cardiac conditions, cerebral palsy, and behavioral and mental health conditions.

Division of Behavioral Health (DBH):

- Community based Mental Health Services for adults and children with serious mental illness**.**

***Division for Children, Youth and Families (DCYF)*:**

- Medicaid-covered services specifically designated for children in DCYF custody who are placed in foster homes.

BUDGET IMPLICATIONS OF THE NH MEDICAID PROGRAM

There are two accounts within Medicaid Provider Payments. The first is budgeted in the Office of Health Planning and Medicaid (OHPM) and is funded with 50% federal funds and 50% General Funds. The other account, budgeted in the Division of Elderly and Adult Services (DEAS), is for clients who are part of the long term care services system. Federal funds pay 50%, General Funds 25% and the counties 25% in this account.

DHHS faced two budget challenges during the past biennium. First, actual expenses in Medicaid Provider Payments for SFY01 rose more than 13% over the prior year, with prescription drugs up over 18% and outpatient hospital services up more than 16%. Second, the budget appropriation for SFY02 was less than the amount expended in SFY01.

To address those budget shortfalls, DHHS initiated cost saving measures including implementation of a Pharmacy Benefit Management (PBM) program estimated to save $7.6 million in SFY02 and $14.9 million in SFY03; a freeze on Hospital Inpatient reimbursements worth $2 million in SFY02 and SFY03; and a Third Party Liability recovery contract estimated to save $1.5 million in SFY02 and $2 million in SFY03.

After implementing these cost saving measures, the Department was able to address the remainder of the SFY02 shortfall with new revenues obtained from the federal government through the Disproportionate Share Hospital (DSH) Program.

For SFY03, the Provider Payments Budget will face continued pressures from four primary cost drivers that are all projected to increase significantly during this fiscal year: 1) the number of users of services, 2) hospital outpatient expenses, 3) pharmaceutical expenses, and 4) physician expenses.

The number of users of Medicaid services is expected to increase because of an increase in unemployment and the economic slowdown. In SFY02, the Medicaid caseload increased by 10% and the number of recipients using services paid through Provider Payments increased by 5%. This 5% increase in recipients using services carried over into SFY03 and translates into more than $10 million in additional provider payment expense. To date in SFY03, the growth rate in actual caseload and recipients using services remains at the same level as in SFY02. This trend line is currently projected to continue during SFY03 since economic indicators are not showing improvement as of October 2002.

Substantial increases in expenses for hospital outpatient, pharmaceutical, and physician services will also put pressure on the SFY03 Provider Payments budget. In SFY02, hospital outpatient expenses increased by 15.5%, pharmaceutical expenses increased by 9.4%, and physician services increased by 17.5%. The Department projects that this rate of expenditure growth will continue in SFY03. The increases reflect more recipients eligible for services, recipients utilizing more services, changes in the mix of services, and increases in the cost of service delivery. It bears noting that no increases in provider payment rates are included in these trends projected for SFY03.

In SFY02, the increase in the pharmaceutical expenses was reduced from a projected 18% trend to a 9.4% trend due to the implementation of the PBM program. This one-time cost saving by interrupting the trend line is now built into the base trend for SFY03. Therefore, after November 2002 it is expected that the cost and utilization trend for pharmaceuticals will again substantially increase to 15% to 20% this year. This projection is in line with national averages and the experience of other payors in New Hampshire.

Because of the budget deficit for SFY02 and the continuation of similar trends, the Department projected a Provider Payment Budget deficit for SFY03. As a result, DHHS has taken actions to identify opportunities to realize additional revenue and implement cost management initiatives. The cost management initiatives are projected to reduce provider payment costs by $15 million in SFY03. This includes additional pharmacy benefit management, freezing provider rates, increasing third party liability recoveries, and renegotiating managed care contracts. The Department believes that the additional revenue opportunities and cost management initiatives will work together to reduce the projected Provider Payments Budget deficit for SFY03.

THE OFFICE OF THE COMMISSIONER

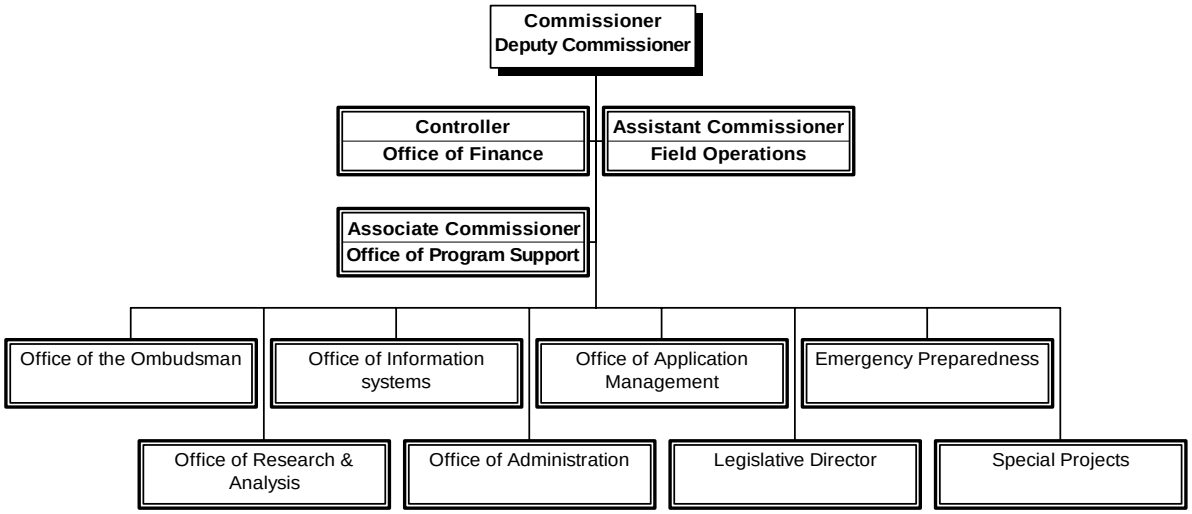
Phone: 603-271-4331 Fax: 603-271-4912

The DHHS Commissioner is responsible for leading an organization that provides a myriad of programs and services designed to protect and maintain the health of New Hampshire's citizens – from birth through old age. Each month, tens of thousands of citizens benefit from a service provided or supported by the Department of Health and Human Services.

The Department is comprised of 10 divisions and major offices that are interconnected as a result of the overlapping populations they serve, such as children, families or individuals with special needs. Services are delivered directly through a network of 12 district offices across the state and indirectly through contracts and grants with community-based and nonprofit organizations with expertise in certain fields. In addition, the DHHS web site was redesigned in 2002 as part of an effort to further improve access to information and offer more services on line.

To effectively deliver these services and ensure coordination and cost-effectiveness, the Office of the Commissioner includes certain centralized functional areas. These areas/offices are outlined in the following organization chart and are summarized later in this section.

OFFICE OF THE COMMISSIONER



In addition to these functions, the Developmental Disabilities Council is administratively attached to DHHS and reports to the Commissioner. The Council works to promote needed services for individuals with developmental disabilities. The statewide Employee Assistance Program and the Civil Rights Office are both administratively attached to the Commissioner's Office and the Department's Controller provides day-to-day supervision. Confidential assistance and support is available to personnel from the Employee Assistance Program staff. The Civil Rights Office manages policies relating to sexual harassment, civil rights and the Americans with Disabilities Act.

DHHS ON THE INTERNET

DHHS must be accessible to all state residents. To improve access to information and services, DHHS completed Phase I of its completely redesigned web site in 2002 setting the stage for substantially

increased automation, 24 hour-a-day, seven day-per-week access to information and the capacity to provide some services electronically via the Internet.

The primary objectives for the new site are to increase productivity, improve service quality, increase customer satisfaction, and leverage limited resources. The new web site provides substantially more information about the many programs and services DHHS provides to New Hampshire citizens. Under the umbrella of DHHS, there are 140 individual web sites (referred to as mini-sites) providing basic and consistent information for each of the 140 programs and services.

Each "mini-site" provides an overview of the program or service; contact information; directions and maps; information about how to apply for a program or service; eligibility requirements; answers to frequently asked questions; state and federal legal and regulatory references and DHHS policies that provide guidance for the administration of the program or service; and a library for articles, pamphlets, brochures and other documentation.

In addition to the static information DHHS provided in Phase I, a tool to help calculate a child support payment amount was made available. Two additional tools planned for the web site in early 2003 are:

1) A birth query tool that allows a visitor to examine and aggregate statistical information about births to NH residents at the state, county or city/town level; and
2) An eligibility screening tool that allows a visitor to respond to specific questions on-line and immediately get back a report identifying potential DHHS programs that might provide assistance or services to the visitor. On-line screening is expected to reduce unnecessary application completion and processing for individuals and families and DHHS field staff.

Phase II of DHHS web efforts will expand the availability of interactive and simple transactional information and functionality such as the birth query tool and eligibility screening tool (simple interactions without requirements of authentication). In Phase III DHHS will expand interactive and transactional capacity across DHHS requiring authentication for some services. Processing invoices and payments for child care providers and accepting payments and scheduling appointments for health facility inspections on line are just two of the proposed transactions planned for 2003.

OFFICE OF FIELD OPERATIONS

Phone: 603-271-4321 Fax: 603-271-4727

The primary responsibility of the Office of Field Operations is to ensure that all New Hampshire residents have timely access to high quality services from DHHS. The Assistant Commissioner oversees Field Operations, which includes the following major program and service areas: District Offices, Minority Health, Public Information and Quality Assurance.

The Office of Field Operations provides a community presence for DHHS. The Department's 12 field, or district offices serve as a single point for individuals and families to access DHHS services within their own communities. Some services offered by DHHS are provided on a part time basis in four additional communities. A listing of these offices can be found on page 125. Each district office has a full-time program manager who is responsible for managing program operations and ensuring that the needs of individuals and families seeking services are identified and met. Program managers collaborate with community agencies to promote coordination of service delivery and to strengthen relationships necessary for success. In partnership with the Minority Health Office and the Office of Administration, program managers also address the provision of culturally and linguistically appropriate services by the district offices.

District office staff determine eligibility or provide help for individuals and families for a wide array of programs and services, including: financial assistance, child support, nursing home care, long term care, protective services for elderly and disabled individuals, child protection, foster care, adoption, juvenile justice, food stamps, child care, Medicaid, and other medical assistance programs. Eligibility for all financial and medical assistance programs is determined through an integrated information technology system. Field Operations staff work closely with the policy units of the many DHHS programs to ensure a comprehensive approach to meeting the needs of New Hampshire citizens.

Minority Health Office: The Minority Health Office (MHO) was established in 1999 as a reflection of the State's obligation to provide access to quality and competent health services to all residents of New Hampshire. Office staff work to ensures that people of different cultural, racial and ethnic backgrounds have timely and ready access to DHHS programs or services. It also works to identify any gaps in health care for minorities and to develop solutions to eliminate them.

The Minority Health Office has three primary areas of responsibility:

- To provide a sustained focus on the provision of culturally and linguistically appropriate services by DHHS to New Hampshire residents.
- To maintain communication with racial, ethnic and other medically underserved populations in order to create partnerships and combine resources and opportunities that address health disparities and enhance the overall health of communities.
- To collaborate and partner with federal agencies, other state minority health offices, and New Hampshire health and community agencies on various national, state and regional health disparity initiatives.

Through its Minority Health Office, DHHS has undertaken meaningful initiatives to better assist the diverse populations served, which have resulted in:

- An increase in DHHS' multi-lingual capacity;
- Implementation of a Cultural Competency, Civil Rights, Social Role Valorization, and Customer training program for District Office staff;
- Creation of a Diversity Task Force - a partnership of public and community agencies to serve as an advisory group to the Department;
- Co-hosting a statewide "Eliminating Health Disparities Conference", which resulted in a New Hampshire State Plan that focuses on the areas of Cultural Competency and Medical Interpretation to address the elimination of health disabilities;
- Funding, through the Community Grant Program, of the development of a Medical Interpretation training program; and
- Hosting a statewide data symposium to heighten awareness of the need for improved data collection and analysis of racial and ethnic data.

Public Information Office: The Public Information Office (PIO) provides the citizens of New Hampshire with timely and critical information about programs and services offered by DHHS and how to access them. As part of that effort, the PIO develops and distributes DHHS media releases, brochures, pamphlets and other informational materials about programs and services. In addition, PIO serves as the point-of-contact in connecting external media to correct information sources within the various DHHS Offices and Divisions.

Quality Assurance: The Quality Assurance unit provides an internal audit function to ensure that individuals and families who receive Food Stamps or Medicaid services receive the appropriate services or benefits to which they are entitled.

Quality Assurance staff performs comprehensive reviews of a statistically valid sample of Food Stamp and Medicaid cases. A measure of how accurately DHHS workers determine eligibility and payment amounts is calculated from the results of the reviews. These findings are regularly reported to the Food and Nutrition Service of the federal government and used internally by the Department as a key management tool.

OFFICE OF ADMINISTRATION

Phone: 603-271-3990 Fax: 603-271-4332

The Office of Administration coordinates and oversees management of three functional areas: Field Administration; Human Resources; and Facilities and Security. In addition, the Office is responsible for developing, overseeing and enforcing uniform and consistent DHHS policies and procedures regarding personnel, facilities, resources and equipment.

Field Administration: Management support of field administration utilizes a two-pronged approach to ensure that comprehensive support services are being provided by a well-trained and supervised workforce. Through Field Administration, coordinated clerical services and overall office management functions provide substantive and meaningful support to professional staff from five divisions housed within DHHS' 12 district offices. Through centralized State Office Administration, department-wide administrative initiatives are implemented and clerical services within all DHHS divisions and offices are managed.

Human Resources: Human Resources provides quality services and support in employment, training, employee relations, benefits, compensation and occupational safety enabling Department employees to better serve New Hampshire citizens. Human Resources promotes a work environment that is characterized by fair treatment of all individuals, open communication, personal accountability, trust and mutual respect.

Human Resources' mission:
Develop an attitude of teamwork and quality in our day-to-day operations;
Reduce waste by pursuing continuous improvement;
Respect values that may be different than our own;
Accept responsibility for promoting ethical and legal conduct in business practices; and
Communicate in a candid, fair and prompt manner.

Facilities & Security Operations: This unit is responsible for the facility and security operations of all DHHS state, administrative, district and itinerant offices. The scope of responsibilities includes: bidding and contract administration, budgeting, landlord-tenant relations, physical plant improvements, security, space design, and compliance with applicable rules, laws, regulations and policies.

MAJOR ACCOMPLISHMENT & INITIATIVES

- In cooperation with the Assistant Commissioner's Office, coordinated the implementation of a multi-language translation assistance program to overcome the communication barriers DHHS employees encounter when servicing the State's increasingly diverse population.
- Streamlined and automated the department-wide inventory purchasing process; reducing DHHS' dependency on costly paper processes and postal expenses while increasing efficiency.

- Improved statewide use of electronic tools to facilitate or replace traditional paper processes between DHHS locations.
- Streamlined and automated job opportunities and postings to ensure that prompt and accurate access to this information is available to internal and external job seekers.
- Streamlined and automated the Family Medical Leave Act (FMLA) tracking process.
- Expanded recruitment activities to include job fairs and career-specific recruitment events.
- Developed and maintained on-going physical plant space standards for facility planning and lease procurements.
- Developed, implemented and continually maintain DHHS' electronic education information bulletin board for Health & Safety Manuals, Ergonomic Assistance and Training, Hazardous Communications Programs and Back Safety Programs.
- Implemented, improved and maintained heightened ADA (Americans with Disabilities Act) accessibility accommodations for DHHS facilities.

OFFICE OF EMERGENCY PREPAREDNESS

Phone: 603-271-3001 Fax: 603-271-4912

Emergency Preparedness, which includes Emergency Services, has responsibility for coordinating DHHS' planning for and response to emergencies and disasters - whether natural, man-made or the result of terrorism. Under the New Hampshire State Emergency Operations Plan (EOP), DHHS is charged with responsibility for several functions. Specifically, DHHS has a:

- Primary responsibility for public health and medical services;
- Primary role for crisis counseling;
- Supportive role for mass care and shelter; and
- Supportive role for food distribution and safety.

Organizationally, DHHS staff, under the direction of or in coordination with the State Director of Emergency Preparedness, implement the responsibilities found in the State's EOP, as well as other activities, including the:

- Individual and Family Grant Program;
- Radiological Emergency Response Program: Registration & Rendezvous Services;
- Emergency Food Stamp Program;
- Crisis counseling by referral to DHHS' Division of Behavioral Health – Disaster Relief;
- DHHS' Office of Community and Public Health's (OCPH) implementation of the Centers for Disease Control and Health Resources Services Administration grants for planning for and increasing preparedness for acts of bioterrorism;
- OCPH implementation of the Health Alert Network;
- Implementation of recommendations from the Governor's Commission on Preparedness and Security; Conducting Business Impact Analysis of the Department's risks;
- Updating or developing Business Continuity plans for DHHS programs and systems;
- Development and implementation of an Incident Management and Recovery structure;
- A cooperative venture which has trained DHHS staff as a reserve force of Red Cross volunteers; and
- Development and conduct of tests and retrospective reviews of DHHS' Continuity Plans.

Major Accomplishment & Initiatives

- Received an $8.4 million grant from Centers for Disease Control/HRSA to enhance the Department's ability to detect, respond and recover from biological attacks. A portion of the funds will be used to expand the disease surveillance system, improve the Public Health Laboratories' capabilities,

establish a Bureau of Emergency Preparedness and Response within OCPH, and expand the Health Alert Network within the state to allow real-time alert and notification.

- Trained, in partnership with the American Red Cross, 170 DHHS staff members to assist the Red Cross in a disaster.
- Reviewed and strengthened the Department's continuity-of-operations capability.
- Developed a digital "Biological Emergency Handbook" that was distributed to health professionals and key first responders statewide. The handbook provides contact information to use in an emergency.
- Developed plans to distribute potassium iodide, provided to New Hampshire by the Nuclear Regulatory Commission, to people who live or work near nuclear power facilities;
- Created a plan to receive and distribute the assets of a Strategic National Stockpile (formerly National Pharmaceutical Stockpile) "push" package.
- Developed Preparing For An Emergency: The Prudent Thing to Do, an online brochure that tells residents how to prepare for any type of disaster and can be downloaded from the Department's web site.

OFFICE OF INFORMATION SYSTEMS

Phone: 603-271-4273 Fax: 603-271-3007

The Office of Information Systems (OIS) supports the substantial computer hardware and software needs of DHHS by proactively procuring and maintaining technological solutions critical to the success of the Department's service delivery. OIS provides technical network infrastructure support, desktop services, information technology (IT) security, design, programming services, web site administration, technology research, and leadership in the use of technology for roughly 3,200 users at 25 locations across New Hampshire.

There are five major support areas under OIS. They are as follows:

1) ***Systems Operations:*** The Systems Operations Unit is responsible for desktop technical services, networking, computer operations and technical support, and web architecture. Desktop Technical Services (DTS) ensures that desktop personal computers and printers are available to support day-to-day Department activities. The networking team maintains the Wide Area Network (WAN) and Local Area Network (LAN) infrastructure that enables communication among staff and with critical applications. Computer Operations and Technical Support provides production support and technical expertise for DHHS application servers. The Web Architecture group maintains the network and software framework for DHHS e-information initiatives.

2) ***Data Architecture:*** The Data Architecture Unit provides for the security, integrity, accuracy and usability of DHHS data. Database administration responsibilities include support for Oracle™ database operations, security, data backup, data recovery, establishing database standards, the review of data models, maintenance of installed databases, installation of new databases, and provision of technical support to DHHS projects. This unit also manages data retrieval activities across DHHS.

3) ***Applications Development:*** The Applications Development Unit provides systems applications that are economically maintained and quickly enhanced to meet the ever-changing needs of DHHS. These include:
   - New England Child Support Enforcement System (NECSES) that supports the operations of the Division of Child Support Services.
   - NH Bridges that is used by DCYF, DJJS, DFA, and OHPM.

- DEAS Options that assists DEAS with case management and provides information to the Office of Finance.
- Medicaid Management Information System (MMIS) that supports services provided by Application Management, OHPM, and OCPH.
- New HEIGHTS that provides eligibility determination DFA clients.
- Vital Records that supports OCPH and New Hampshire municipalities.
- DHHS Systems that support of the OCPH operations.
- Community Supports and Long Term Care that support DBH, DDS and DADPR.
- Web Development that supports all DHHS programs.

4) ***Standards and Methodology Unit:*** The Standards and Methodology Unit develops and enforces procedures for application use, establishes and documents DHHS technology standards, protects application source code via configuration management and security consultation, and provides development, support and maintenance for Lotus Notes databases.

5) ***Staff Operations Unit:*** The Staff Operations Unit prepares the OIS operating and capital budgets, tracks and manages information technology expenditures, and directs Divisions in the development of information technology requests for proposals (the State's ITSO7 process).

Major Accomplishment & Initiatives

- System Operations, Data Architecture, and the NH BRIDGES application development groups worked to integrate DJJS into DHHS and to provide full departmental services to the new division.
- Systems Operations, Data Architecture, and the Web Applications Development group teamed with the Commissioners Office to select and implement a new web architecture in 2002 that will support interactive communications in the future.
- In SFY01, OIS invested in assessing the technical and physical security of the Department's information assets in preparation to conforming to the new federal regulations included in the Health Insurance Portability and Accountability Act (HIPAA). During SFY02, Security and Privacy Assessment was completed.
- Building on work completed during the year 2000, OIS System Operations and Data Architecture units continued to improve redundancy in the infrastructure and to refine methods for backup and recovery. OIS is implementing Business Continuity and Disaster Recovery software to serve as a repository for Department plans.
- DHHS has reduced its reliance on contractors by transferring more work to state resources. During this period, New HEIGHTS, MMIS, TLAS and DEAS Options data marts were established and the Department's interactive web-enabled Enterprise Data Warehouse (EDW) resource was enhanced with vital management financial and human resource information.
- The creation of a Help Desk Advisory Committee, the implementation of reliable and responsive help desk services, and the on-line Technology Center facilitate productivity by making technological tools more accessible to the Department's personal computer users. A new Technical User Policy guides employees in the appropriate use of technical resources.
- The establishment of a standard hardware configuration resulted in improved performance and reliability, more efficient management and maintenance and reduction in overall networking costs.

OFFICE OF APPLICATION MANAGEMENT

Phone: 603-271-8424 Fax: 603-271-4727

The Office of Application Management (OAM) manages the functional development and maintenance of two of the Departments primary automated applications: its Medicaid Management Information System

(MMIS) and its NH Bridges System. Management of these systems includes overseeing both departmental staff, which work with division staff to meet their evolving functional requirements and includes management of operational based and project based vendors to accomplish portions of this work.

OAM also manages the ongoing Health Insurance Portability Administrative Act (HIPAA) implementation, which is a Department-wide effort to comply with newly mandated federal requirements around standardized medical claim transactions, medical record privacy, and medical record security. This effort has been in focused management for the past year and will likely require an additional two to three years to complete as federal regulations become finalized in 2003.

Medicaid Management Information System (MMIS)
The State is required to maintain a federally certified MMIS. New Hampshire has a component based MMIS that must be managed as an integrated whole and includes managing both fiscal agent contractors and developmental contractors. The major component of the MMIS is the NH AIM system, which adjudicates the Department's fee for service claims. The services associated with this system and the operations associated with processing medical claims are provided by Electronic Data Systems (EDS).

MMIS also manages a contract with First Health Systems to provide DHHS with Pharmacy Benefit Management (PBM) services. The primary objective of the PBM is to control pharmacy related costs while providing equal or better medical outcomes.

MMIS also manages a Managed Care System (MCSys). This is a State-developed system that is currently maintained by a combination of EDS and State staff. The system supports the TANF Medicaid population.

MMIS co-manages the Medicaid Decision Support System (MDSS) development with the Office of Research and Analysis.

NH Bridges
The NH Bridges system supports two major Departmental divisions: The Division for Children, Youth and Families (DCYF) and the Division of Juvenile Justice Services (DJJS). The NH Bridges system was originally designed using enhanced federal funding to comply with federal reporting requirements. The system continues to be enhanced to meet changing DCYF requirements, driven by the federal government, the State Legislature and to gain operational efficiencies within DCYF. When YDC was added to DHHS in 2001 and the Division for Juvenile Justice (DJJS) was created, Bridges became the baseline system to support DJJS, by customizing functionality to meet the unique needs of DJJS.

Services Provided
Specifically OAM provides the following services to all divisions associated with Medicaid, DCYF and DJJS:

- Analyst staff work with divisional customers to clearly specify the customers system requirements when a change is required;
- Analyst staff then develop design documents that show the user exactly how the system will be changed to meet the requirement and describe any underlying program logic;
- Analyst staff perform the System Test of the change or changes, assuring that the change works as designed;
- Analyst staff works with our customers to perform a User Acceptance Test. We assist in organizing the test and in developing test scripts with our customers;
- In Bridges OAM provides Help Desk services and Training services to DCYF and DJJS;

- Analysts develop reports from either the Departments Data Warehouse or against any of the operational systems;
- Managers/analysts manage all development vendors either building new systems or enhancing existing ones; and
- Managers/analysts manage ongoing fiscal agent contracts/vendors to assure that contractual commitments are met and that required changes are accurately communicated.

Major Accomplishments & Initiatives
OAM has been in existence for about one year as of October 2002. During that time detailed plans have been completed for major initiatives in both MMIS and NH Bridges.

- OAM has managed a major system enhancement release for the NH Bridges system. The release is scheduled for 12/15/02.
- OAM has developed a Bridges related RFP to improve Bridges usability for social workers.
- OAM has completed the planning phase a project to automate the determination of acuity levels by patient and nursing home.
- OAM completed the procurement of a vendor to assist in HIPAA planning and MMIS Reprocurement planning
- OAM has completed the planning phase for the implementation of HIPAA Privacy and Security.
- OAM has executed a contract extension for two years with EDS to make the NH AIM system HIPAA compliant for medical claim transactions.
- OAM is about to complete the planning phase for re-procuring a fiscal agent to process Medicaid claims.

OFFICE OF RESEARCH AND ANALYSIS

Phone: 603-271-4322 Fax: 603-271-4727

The Office of Research and Analysis (ORA) collaborates with the programmatic and administrative divisions and offices within DHHS to improve services to New Hampshire citizens. Specifically, the Office analyzes and reports on the recipients of various services, the costs associated with these services and the durations of services provided. Utilizing DHHS's data infrastructure, ORA collects, analyzes and transforms program, service and client data into management information. As a result, ORA provides executive information and supports policy development and strategic management of DHHS's human and financial resources.

ORA has three critical functional areas that guide strategic decision-making about resources, policies and priorities within DHHS:

- ***Information Infrastructure Development*** – the development of an information architecture that allows DHHS to access cleansed information in a consistent format;
- ***Executive Information*** – the development, reporting and analysis of financial, budget, human resources and programmatic information supporting the management of DHHS; and
- ***Policy Development*** – the assessment, review and creation of policies and procedures to effectively meet the needs and vision of DHHS.

In order to support Department Operations, ORA provides:

1) Data Warehouse Services: develops and maintains DHHS's data environment and infrastructure; develops, deploys and maintains DHHS's enterprise data warehouse; data mining and data cleansing initiatives and review; and assesses DHHS's practices regarding data confidentiality and security.

2) Decision Support Services: provides detailed analysis of data and data mining initiatives to meet Medicaid fiscal, policy and information needs of DHHS; develops and implements DHHS's Medicaid Decision Support System as part of DHHS's Medicaid Management Information System strategy; and reviews and monitors the DHHS rate setting methodologies and rate structure.

3) Reporting and Analysis Services: develops revenue and expense strategies; manages federal and management reporting processes and the delivery of federal and management financial, programmatic and human resource reporting, DHHS's Public Assistance Cost Allocation Plan, and DHHS's Financial Allocation and Reporting System.

4) Internal Audit Services: conducts internal DHHS audits and business practices review; policy adherence; integrity, efficiencies and effectiveness of DHHS capital and human resources; and adherence of DHHS policy and practices to legislative, state and federal mandates.

Major Accomplishments & Initiatives

- Federal and Management Reporting: DHHS established an internal reporting team to facilitate consistent and accurate reporting through use of DHHS's operational systems and the enterprise data warehouse. Reporting has been streamlined and tools have been developed to more effectively manage the preparation of programmatic, human resource and financial reporting. Also, tools and processes have been developed to analyze the funding of programs to ascertain proactively and strategically that funds are being charged to the respective federal and state funding sources.

- DHHS Public Assistance Cost Allocation Plan: DHHS has successfully created and implemented a centralized and uniform public assistance cost allocation plan for all offices and divisions. This Plan is used to help recover administrative costs from the federal government by allocating administrative costs equitably throughout the Department to its programs, services and grants. This Plan has been recognized by other states as a model to facilitate effective and accurate claiming and receipt of federal money.

- Financial Allocation and Reporting System: DHHS has developed and implemented a new system which dovetails with both the state's Financial and Human Resources Systems as well as DHHS's enterprise data warehouse to facilitate the accurate financial allocation and reporting of all state, federal and other programs administered by DHHS. This system is the primary source for the preparation of all reports submitted to the federal government and allows DHHS to assess where money is earned and sources of payment for services provided and programs administered.

- Medicaid Decision Support System: DHHS is implementing a decision support system to facilitate and measure the service, utilization and costs for New Hampshire's Medicaid population. This system will be used to easily access information to facilitate data-to-date operational decisions, long-term financial and strategic planning and assist in federal reporting. In October 2001, The Centers for Medicaid and Medicare Services approved DHHS's plan to implement a Medicaid Decision Support System and development is underway.

- Division of Family Assistance (DFA) Decision Support System: DHHS is implementing a decision support system to facilitate and measure the eligibility, utilization and costs of the programs (TANF, Food Stamps, etc.) supported by DFA for New Hampshire's client population. As of June 2002, the first two phases of this system have been completed and provide DHHS with monthly program statistics and divisional performance measures. This system is used by program managers to easily access information to facilitate data-to-date operational decisions, long-term financial and strategic planning and facilitate the preparation of federal reporting.

OFFICE OF THE OMBUDSMAN

Phone: 603-271-6941 Fax: 603-271-4771

The Office of the Ombudsman, mandated by RSA 126-A:4, assists Department clients and employees and members of the public in resolving disagreements related to matters within the jurisdiction of DHHS. The Office was established by the Legislature to fulfill the Department's commitment to personal attention to complaints as part of its overall services. The Office of the Ombudsman regularly responds to concerns regarding:

- Medicaid services
- Cash assistance services
- Child support enforcement
- Services to persons with developmental disabilities
- Services to persons with mental illnesses and substance abuse problems
- Regulatory problems
- Services to children, youth and families
- Juvenile justice services
- Administrative decisions
- Employee concerns
- Any other services provided by DHHS or its contractors

The Ombudsman Office utilizes unbiased investigation, mediation and other alternative dispute resolution methods and provides information and referral services. While the Ombudsman has no authority to require DHHS or a contractor to change a decision, it examines the disagreement in detail and mediates a fair resolution. The Ombudsman also presents DHHS management with findings of investigations into systemic issues and recommends changes as needed.

The majority of complaints come from clients, many of whom are referred to the Ombudsman by members of the Legislature, the Governor's office, members of the Executive Council, and other elected officials. The Ombudsman conducts independent investigations and issues findings and recommendations to the DHHS or its contractors based on those investigations.

The Office of the Ombudsman is not a substitute or replacement for the Department's normal complaint resolution mechanisms. Its goal is to ensure the existing grievance systems are effective and that these systems resolve differences fairly. If a complainant does not know the appropriate Division to contact or the system does not seem to be effectively working, the Office of the Ombudsman will provide assistance.

OFFICE OF FINANCE

Phone: 603-271-4333 Fax: 603-271-4232

The Office of Finance is responsible for the Department's accounting and financial management services. These include general ledger, accounts payable, accounts receivable, billings and collections, and data production for state and federal reporting. Under the direction of the Commissioner and Controller, the Office prepares the Department's biennial budget in conjunction with the Department's divisions and offices. The Office conducts the Department's purchasing and contract processing functions, along with fixed assets and inventory management. Data processing support for Department computer-based information systems is part of this Office. The Office also is responsible for revenue maximization initiatives. Additionally, the Office also supervises the Statewide Employee Assistance Program and

manages policies relating to sexual harassment, civil rights, and the Americans with Disability Act and co-manages the Department's security in the workplace enforcement.

Major Accomplishments & Initiatives

The Office of Finance faced challenges similar to other businesses in a competitive workplace environment and despite staff turnover all obligations have been met. Bills have been paid promptly and reports filed timely with both State and federal entities.

The Office completed an extensive reconciliation and collection of county billings due for SFY 1999, 2000 and 2001 on behalf of the Department of Youth Development Services' juvenile services.

Payment of all surviving spouse suit litigation ("Desfosses") was completed.

The Office implemented a Department-wide cellular telephone use policy and procedures for reviewing monthly bills. The Office continues to review staff mileage payments and the need for State vehicles.

Implementation of an archive and records storage contract has reduced the volume of paper documents stored in Department offices. In addition, a contract with a data destruction firm was approved that allows confidential materials to be destroyed on a regular basis.

Improvements in cash management have resulted in more timely and accurate receipt of federal funds supporting Department programs. Increased federal revenues have been obtained through changes to the Department's federally required cost allocation plan and as a direct result of revenue maximization activities.

The county billing process has seen some improvements in automation of information from three department computer systems to the 10 counties. Further improvements are underway.

DEPARTMENT BUDGET

The resources to meet the health and human services needs of New Hampshire citizens are secured through the State General Fund, federal funds, transfers from other agencies, user fees and foundation dollars.

Current Expenditures and Revenues

Over the past several years Department staff has succeeded in identifying multiple revenue opportunities. Many have been one-time opportunities that required highly detailed reclaiming efforts from prior biennium staff activities and expenses. These reclaimed revenues were sufficient to erase the deficits and handle the State's past legal liabilities. Providers have not had to resort to expensive borrowing to cover the State's debts. Clients have experienced uninterrupted delivery of services.

The current budget biennium, SFY 2002-2003 presented the Department with continuing challenges, mostly in the Medicaid component of the budget and particularly in the area of Provider Payments. Through the Department's relentless and successful efforts, service obligations have been fulfilled without additional general fund appropriations. A supplemental appropriation by the Legislature of some of the additional funds and acceptance of other additional funds by the Legislative Fiscal Committee and Governor and Council, and their transfer to Provider Payments, made this possible. These additional

funds included greater than expected increases in general hospital disproportionate share hospital revenues.

Proposed Operating Budget for SFY 2004 and 2005

The Department is required to submit an agency budget that includes certain items by State and/or federal law. It remains the decision of the Governor and Legislature whether to fund those items in part or in full. Several examples follow:

State law requires the Department to request full funding of the wait lists for developmentally disabled and acquired brain injury clients. The Governor and Legislature have made decisions in prior bienniums to partially fund these wait lists. The Acquired Brain Injury Program has been the subject of litigation initially decided against the State and it is unclear as to the funding obligation resulting from that litigation upon appeal. The Developmental Disabilities Program is in the discovery phase of litigation; the timeline for trial is not known at present, nor are the likely costs if the plaintiffs prevail with their litigation

The agency budget request includes full funding of all authorized positions. In prior bienniums, the Legislature has reduced personnel and benefit appropriations as a budget saving measure and at the same allowed the Department to retain and fill all authorized positions within net available appropriations. This technique, in effect, allowed the state budget writers to capture lapse funds upfront rather than waiting until the end of each fiscal year.

Employee fringe benefits are budgeted at 37% in accordance with instructions from the Department of Administrative Services. This is an increase from the prior biennium's rate of 32% and reflective of the continuing increase in health care costs across the nation.

The Division for Children, Youth and Families budget request includes positions to support the Eric L. child welfare suit settlement litigation. The workloads in this Division are excessive by both historical standards in New Hampshire and in comparison to national data. Without the additional positions, children may be at-risk of abuse and neglect.

Consistent with current State law, the Office of Program Support agency request budget includes additional positions for restaurant and food service establishment licensing and inspection, as well as child care agency inspection and regulation.

Costs of compliance with federal Health Insurance Portability and Accountability Act (HIPAA) privacy and security requirements are included in the agency request budget. Compliance is necessary to ensure continued payment of medical costs. Also, reprocurement of the Department's Medicaid Management Information System is included in the agency request budget as the current approval expires on June 30, 2004. Reprocurement is required by the federal government to continue receiving 75% enhanced federal financial participation for automated claims processing and reporting costs.

The biennial budget request of $1,711,714,873 in SFY 2004, and $1,832,716,612 in SFY 2005, in total funds represents the Department's current best estimate of the resources needed to maintain essential services for New Hampshire's citizens. The increased costs of maintaining services are attributable to the following factors: caseload growth, wage increases for direct care workers, rate increases, inflation, replacement of federal reductions, funding of all positions, and the costs of maintaining information systems.

Proposed Capital Budget for SFY 2004 and 2005

The Department's Capital Budget request for SFY 2004-2005 totals $26.5 million in general fund bonding. These funds will be used to leverage an additional $30 million in federal funds, resulting in a total Capital Budget request of $56.5 million. The single largest item, and the Department's first priority, is $14.5 million to build a new architecturally secure facility for detained and committed juveniles on the grounds of the Youth Development Center in Manchester.

The balance of the Department's request can be categorized into three groups of projects. Several projects are requested to safeguard client care and to meet ADA and fire and life safety requirements. Nine separate projects of this nature, totaling $5.9 million in general funds are requested. These projects range from major improvements to the Philbrook Center and a new twelve-bed Mentally Retarded Offender Facility, to safety/ADA renovations to Tirrell House, Manchester and buildings at New Hampshire Hospital, Concord and Glencliff Home for the Elderly in Benton. The projects requested will correct significant deficiencies in several buildings, provide handicap accessibility, replace sprinkler heads that are beyond their rated useful life, remove asbestos, and install strobe lights and horns to meet ADA and fire alarm requirements.

Four separate projects totaling $3.9 million in general funds are requested to meet the computer information system needs of the Department. The existing Medicaid Management Information System (MMIS) is almost ten years old; federal Centers for Medicare and Medicaid Services (CMS) regulations require that it be competitively reprocured to preserve enhanced federal funds for operating expenses. Two other critical systems (New England Child Support Enforcement System - NECSES and the Women, Infant and Children's' System - WIC) are operating on aged hardware and software platforms. The cost of maintaining these systems continues to rise, the pool of qualified support personnel continues to shrink, and the ability to react to changes becomes more complex. To maintain federal certification and continued federal funding, and to insure benefits processing continues uninterrupted, these systems need to be migrated to departmental standard platforms and technology.

The remaining $2.1 million in general funds is requested to maintain and renovate state facilities. Projects include heating and ventilation improvements, cooling tower replacement, campus electrical distribution system replacement and design/renovation of vacant buildings to make them useable state assets.

In accordance with state practice, the Department will seek lapse date extensions for projects previously approved that will not be fully encumbered or expended by June 30, 2003. Finally, requests will be made for the reallocation of some project balances to redirect these funds to supplement some of the new requests for SFY 2004-2005.

DIRECTORY OF DISTRICT OFFICES AND AFFILIATED AGENCIES

DISTRICT OFFICES

Berlin District Office
231 Main Street
Berlin, N.H. 03570-2463
Tel. (603) 752-7800/1-800-972-6111
Fax (603) 752-2230 (DCYF, DJJS, DCSS, DEAS) (603) 752-3208 (DFA)

Claremont District Office
17 Water Street, Suite 301
Claremont, N.H. 03743-2280
Tel. (603) 542-9544/1-800-982-1001
Fax (603) 542-1707 (DCYF) (603) 542-2367 (DFA) (603) 542-8918 (DEAS/DCSS/DJJS)

Concord District Office
40 Terrill Park Drive, Unit 1
Concord, N.H. 03301-7325
Tel. (603) 271-6200/1-800-322-9191
Fax (603) 271-6451 (DFA) (603) 271-4085 (DCYF, DEAS, & DJJS) (603) 271-6206 (DCSS)

Conway District Office
73 Hobbs Street
Conway, N.H. 03818-6188
Tel. (603) 447-3841/1-800-552-4628
Fax (603) 447-1988 (DFA, DCSS & DEAS) (603) 447-3588 (DCYF & DJJS)

Keene District Office
809 Court Street
Keene, N.H. 03431-1712
Tel. (603) 357-3510/1-800-624-9700
Fax (603) 352-2598 (DFA & DJJS) (603) 355-1542 (DCYF, DCSS & DEAS)

Laconia District Office
65 Beacon Street West
Laconia, N.H. 03246
Tel. (603) 524-4485/1-800-322-2121
Fax (603) 528-4105 (DCSS, DFA & DEAS) (603) 524-1088 (DCYF & DJJS)

Littleton District Office
80 North Littleton Road
Littleton, N.H. 03561-3814
Tel. (603) 444-6786/1-800-552-8959
Fax (603) 444-0782 (DCYF, DEAS & DJJS) (603) 444-0348 (DFA & DCSS)

Manchester District Office
361 Lincoln Street
Manchester, N.H. 03103-4976
Tel. (603) 668-2330/1-800-852-7493
Fax (603) 668-5442 (DCSS, DEAS & DFA) (603) 624-4014 (DCYF & DJJS)

Nashua District Office
19 Chestnut Street
Nashua, N.H. 03060
Tel. (603) 883-7726/1-800-852-0632
Fax (603) 883-2064 (DFA) (603) 883-0528 (DCSS, DCYF & DEAS) (603) 889-0382 and 886-5309 (DJJS)

Portsmouth District Office
30 Maplewood Avenue Suite 200
Portsmouth, N.H. 03801-3737
Tel. (603) 433-8300/1-800-821-0326
Fax (603) 431-0731 (DFA & DEAS) (603) 433-8393 (DCSS & DCYF) (603) 431-0842 (DJJS)

Rochester District Office
150 Wakefield Street, Suite 22
Rochester, N.H. 03867-1309
Tel. (603) 332-9120/1-800-862-5300
Fax (603) 335-5993 (DFA, DCSS, & DEAS) (603) 332-8984 (DCYF)

Salem District Office
154 Main Street, Suite 1
Salem, N.H. 03079-3191
Tel. (603) 893-9763/1-800-852-7492
Fax (603) 890-3909 (DCYF & DEAS) (603) 890-6691 (DFA & DCSS) (603) 893-9351 (DJJS)

COMMUNITY MENTAL HEALTH CENTERS

Geographical Region I (Northern)

Northern N.H. Mental Health & Developmental Services, Inc.
87 Washington Street
Conway, NH 03818
Tel. (603) 447-3347
Fax (603) 447-8893

Geographical Region II (West Central)

West Central Behavioral Health, Inc.
2 Whipple Place, Suite 202
Lebanon, NH 03766
Tel. (603) 448-0126
Fax (603) 448-0129

Geographical Region III (Lakes)

GENESIS Behavioral Health
111 Church Street
Laconia, NH 03246
Tel. (603) 524-1100
Fax (603) 528-0760

Geographical Region IV (Central)

Riverbend Community Mental Health, Inc.
5 Market Lane
PO Box 2032
Concord, NH 03302-2032
Tel. (603) 228-1551
Fax (603) 225-2803

Fellowship Housing Opportunities, Inc.
11 Chesley Street
Concord, NH 03301-3760
Tel. (603) 225-0977
Fax (603) 225-0978

Geographical Region V (Monadnock)

Monadnock Family Services
64 Main Street, Suite 301
Keene, NH 03431
Tel. (603) 357-6878
Fax (603) 357-6896

Geographical Region VI (Nashua)

Community Council of Nashua, NH, Inc.
7 Prospect Street
Nashua, NH 03060-3990
Tel. (603) 889-6147
Fax (603) 883-1568

Nashua Foundation for Mental Health, Inc.
280 Main Street, Suite 321
Nashua, NH 03060
Tel. (603) 594-0315
Fax (603) 594-0374

Harbor Homes, Inc.
12 Amherst Street
Nashua, NH 03060
Tel. (603) 881-8436
Fax (603) 881-5199

Geographical Region VII (Manchester)

The Mental Health Center of Greater Manchester
401 Cypress Street
Manchester, NH 03103-3628
Tel. (603) 668-4111
Fax (603) 669-1131

Geographical Region VIII (Seacoast)

Seacoast Mental Health Center, Inc.
1145 Sagamore Avenue
Portsmouth, NH 03801
Tel. (603) 431-6703
Fax (603) 433-5078

Geographical Region IX (Strafford)

Behavioral Health and Developmental Services of Strafford County, Inc.
130 Central Avenue
Dover, NH 03820
Tel. (603) 749-4015
Fax (603) 749-9257

Geographical Region X (Southern)

CLM Behavioral Health Systems
Salem Professional Park
44 Stiles Road
Salem, NH 03079
Tel. (603) 893-3548
Fax (603) 898-4779

DEVELOPMENTAL SERVICES AREA AGENCIES

Region I

Northern N.H. Mental Health & Developmental Services, Inc.
87 Washington Street
Conway, NH 03818
Tel. (603) 447-3347
Fax (603) 447-8893

Region II

Developmental Services of Sullivan County, Inc.
RFD #3, Box 305
Claremont, NH 03743
Tel. (603) 524-8706 (Administration)
(603) 543-1262 (Case Management)
(603) 542-1621 (Adult Services)
Fax (603) 542-0421

Region III

Lakes Region Community Services Council
PO Box 509
Laconia, NH 03247
Tel. (603) 524-8811
Fax (603) 524-0702

Region IV

Community Bridges, Inc.
525 Clinton Street
Bow, N.H. 03304
Tel. (603) 225-4153 or 800-499-4153
Fax (603) 225-0376 (Case Management & Independent Living)
(603) 225-6159 (Executive/Administration Offices & Clinical Services)
(603) 226-3354 (Business Office & Child and Family Services)

Region V

Monadnock Developmental Services, Inc.
121 Railroad Street
Keene, N.H. 03431
Tel. (603) 352-1304
Fax (603) 352-1637

Region VI

The Area Agency for Developmental Services of Greater Nashua, Inc.
144 Canal Street
Nashua, N.H. 03064
Tel. (603) 882-6333
Fax (603) 889-5460

Region VII

Moore Center Services, Inc.
132 Titus Avenue
Manchester, N.H. 03103
Tel. (603) 668-5423
Fax (603) 645-9476

Region VIII

Region VIII Community Developmental Services Agency, Inc.
Parade Office Mall, Suite 40
195 Hanover Street
Portsmouth, N.H. 03801
Tel. (603) 436-6111
Fax (603) 436-4622

Region IX

Developmental Services of Strafford County, Inc.
Forum Court
113 Crosby Road, Suite #1
Dover, N.H. 03820-4375
Tel. (603) 749-4015
Fax (603) 743-3244

Region X

Region 10 Community Support Services, Inc.
8 Commerce Drive
Atkinson, N.H. 03811
Tel. (603) 893-1299
Fax (603) 893-5401

Region XI

Center of Hope for Developmental Disabilities, Inc.
626 Eastman Road
Center Conway, N.H. 03813-4219
Tel. (603) 356-6921 (Administration)
(603) 447-3080 (Family Support)
Fax (603) 356-6310

Region XII

United Developmental Services
85 Mechanic Street, Suite 300
Lebanon, N.H. 03766
Tel. (603) 448-2077
Fax (603) 448-1841

United Developmental Services
Early Intervention and Family Support Office
104 Lyme Road
Hanover, N.H. 03755
(603) 643-5439

COMMONLY USED ACRONYMS

ABD	Acquired Brain Disorder
ACF	Administration of Children and Families (Federal)
ACMIS	Automated Case Management Information System for Children (Federal designation - see NH Bridges)
ADAMHBG	Alcohol, Drug Abuse, and Mental Health Block Grant
AIDS	Acquired Immune Deficiency Syndrome/Auto Immune Deficiency Syndrome
ANB	Aid to the Needy Blind
AOA	Administration on Aging (Federal)
APA	Administrative Procedures Act (RSA 541-A)
APD	Advanced Planning Document
APHSA	American Public Human Services Association
APP(s)	Application(s)
APTD	Aid to the Permanently and Totally Disabled
AWEP	Alternative Work Experience Program
AVRS	Automated Voice Response System
AWP	Average Wholesale Price
BEER	Beneficiary Earnings Exchange Record
BENDEX	Benefits & Earnings Data Exchange
BEOH	Bureau of Environmental and Occupational Health
BLS	Bureau of Labor Statistics (US)
BMA	Basic Maintenance Allowance
BON	Board of Nursing
BRIM	Board of Registration in Medicine
CAP	Nursing Home Categorically Needy Income Level
CAA	Community Action Agency
CASE	Computer Aided Systems Engineering
CCACHC	Council for Children and Adolescents with Chronic Health Conditions
CCDBG	Child Care Development Block Grant
CCDF	Child Care Development Fund
CDC	Center for Disease Control (US)
CGP	Community Grant Program
CHAP	Child Health Assurance Program (see EPSDT)
CHIP	Children's Health Insurance Program (Title XXI of the Social Security Act)
CHPA	Community Health Purchasing Alliance
CIF	Catastrophic Illness Fund
CIP	Catastrophic Illness Program
CMS	Centers for Medicare and Medicaid Services (Federal)
COLA	Cost of Living Adjustment
CP	Custodial Parent
CPI	Consumer Price Index
CPSW	Child Protective Social Worker
CSD	Children with Severe Disabilities
CSENet	Child Support Enforcement Network
CWEP	Community Work Experience Program
DADAPR	Division of Alcohol and Drug Abuse Prevention and Recovery
DCDP	Division of Chronic Disease Prevention
DCSS	Division of Child Support Services
DCYF	Division for Children, Youth and Families
DD	Developmental Disabilities
DDS	Division of Developmental Services
DEAS	Division of Elderly and Adult Services
DFA	Division of Family Assistance
DHHS	Department of Health and Human Services (both federal and State designations)
DJJS	Division for Juvenile Justice Services

DME	Durable Medical Equipment
DMHDS	Division of Mental Health and Developmental Services
DO	District Office
DM	Data Management
DRF	Designated Receiving Facility (for psychiatric admissions)
DRG	Diagnosis Related Groups (for hospital payment purposes)
DSH	Disproportionate Share Hospital
DWI	Driving While Intoxicated
DWUI	Driving While Under the Influence
EA	Emergency Assistance (see TANF)
EBT	Electronic Benefits Transfer
EDS	Electronic Data Systems (Medicaid claims processing fiscal agent; see MMIS)
EFT	Electric Funds Transfer
EITC	Earned Income Tax Credit
EMA	Extended Medical Assistance
EOMB	Explanation of Medicaid Benefits
EPSDT	Early Periodic Screening, Diagnosis and Treatment (Federal designation of NH's CHAP)
ESS	Employment Support Services
ETS	Employment and Training Services
FAP	Family Assistance Program (See TANF)
FC	Foster Care
FCR	Federal Case Registry
FCESS	Family Centered Early Supports and Services (Infants and Toddlers)
FEMA	Federal Emergency Management Agency
FFP	Federal Financial Participation
FFY	Federal Fiscal Year
FNS	Food and Nutrition Services (USDA) (Food Stamps)
FMNP	Farmers Market Nutrition Program
FN	Fiscal Note Worksheet
FPL	Federal Poverty Levels
FS	Food Stamps
FSA	Family Support Administration (US Department of Health and Human Services)
FQHC	Federally Qualified Community Health Center
G&C	Governor and Council
HB	House Bill
HB 32	Chapter 310, Laws of 1995 authorizing reorganization and welfare reform and mandating General Fund savings
HCBC-ABD	Home and Community Based Care for Acquired Brain Disorder
HCBC-DD	Home and Community Based Care for Developmentally Disabled
HCBC-ECI	Home Community Based Care for Elderly and Chronically Ill
HC-CSF	Home Care for Children with Severe Disabilities
HCFA	Health Care Finance Administration (This is the federal agency charged with overseeing the many elements of the Medicare Program. New Hampshire is part of the Region I Office located at the JFK Building in Boston, Massachusetts)
HEDIS	Health Plan Employer Data Information Set
HHA	Home Health Agency
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HKG	Healthy Kids Gold
HKS	Healthy Kids Silver
HMO	Health Maintenance Organization
HRSA	Health Resource and Services Administration, US Department of Health and Human Services, administers the Rural Health Outreach Grant Program)
HSA	Hospital Service Area (The surrounding communities that utilize and benefit from hospital services)
HUD	Housing and Urban Development (Federal)

I&R	Information and Referral
ICF	Intermediate Care Facility
IDIP	Impaired Driver Intervention Program
IDP	Individual Development Plan
INS	Immigration and Naturalization Service (Federal)
ISN	Integrated Service Network
IEVS	Income Eligibility Verification Systems
IV-D	Title IV-D of the Social Security Act
IVR	Interactive Voice Response
JOLT	Juvenile Offenders Locator Team
JAIBJ	Juvenile Accountability Incentive Block Grant
LAN	Local Area Network
LBA	Legislative Budget Assistant
LTC	Long Term Care
MA	Medical Assistance
MAC	Maximum Allowable Cost
MARS	Management & Administrative Reporting Subsystem (MMIS)
MCHS	Maternal and Child Health Services
MDS	Minimum Data Set
MEAD	Medicaid for Employed Adults with Disabilities
MMIS	Medicaid Management Information System (see EDS)
MOP	Multiple Offender Program
NCP	Non-Custodial Parent
NECSES	New England Child Support Enforcement System
NF	Nursing Facility
NH	Nursing Home
NHEP	New Hampshire Employment Program (see TANF)
NHES	New Hampshire Employment Security
NHHKC	New Hampshire Healthy Kids Corporation
New HEIGHTS	New Eligibility System to replace EMS (see EMS; FAMIS)
NMSN	National Medical Support Notice
NOD	Notice of Decision
OA	Office of Administration
OAA	Old Age Assistance
OAS	Office of Administrative Services
OBRA	Omnibus Budget Reconciliation Act
OCPH	Office of Community and Public Health
OCOM	Office of the Commissioner
OCSE	Office of Child Support Enforcement (Federal)
OOF	Office of Finance
OFA	Office of Family Assistance (Federal)
OHPM	Office of Health Planning and Medicaid
OIS	Office of Information Systems
OJJDP	Office of Juvenile Justice and Delinquency Prevention (Federal)
OMB	Office of Management and Budget (Federal)
OMS	Office of Medical Services
OOO	Office of the Ombudsman
OOA	Office of Operations Analysis
OPS	Office of Program Support
ORS	Operational Reporting System
PA	Public Assistance
PASS	Plan for Achieving Self Support
PAU	Program Appropriation Unit
PCA	Personal Care Assistant
PCP	Primary Care Physician
PCS	Personal Care Services

PHL	Public Health Laboratories
PHO	Physician-Hospital Organization
PHP	Prepaid Health Plan
PIL	Protected Income Level
PIRS	Program Integrity Review Summary
PLP	Poverty Level Pregnant Women
POS	Point of Sale Terminal (used with EBT card to access benefits)
PPS	Prospective Payment System
PRO	Peer Review Organization
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act
PSP	Proportionate Share Payments (Pro-Share)
PW	Pregnant Women
QA	Quality Assurance
QC	Quality Control
QDWI	Qualified Disabled Working Individual
QMB	Qualified Medicare Beneficiaries
RFP	Request for Proposal
RIP	Repaid Implementation Planning
RSA	Revised Statues Annotated
RSDI	Retirement, Survivor, Disability Insurance
RWJ	Robert Wood Johnson Foundation
SACWIS	Statewide Automated Child Welfare Information System (Federal designation, see NH Bridges)
SB	Senate Bill
SCHIP	State Children's Health Insurance Program
SDM	Structural Decision Making
SDU	State Disbursement Unit
SDX	State Data Exchange
SFY	State Fiscal Year
SITP	Strategic Information Technology Plan
SLMB	Special Low-income Medicare Beneficiaries
SMA	Supplemental Medical Assistance
SMS	Special Medical Services
SNF	Skilled Nursing Facility
SO	State Office
SON	Standard of Need
SS	Social Services
SSA	Social Security Administration (Federal)
SSBG	Social Services Block Grant
SSI	Social Security Income
SSN	Social Security Number
STD	Sexually Transmitted Disease
SURS	Surveillance & Utilization Review Subsystem (MMIS)
TANF	Temporary Assistance for Needy
TANF-INCAP	Temporary Assistance for Needy Families-Incapacity
TPL	Third Party Liability
TSM	Transactions Screen Management System
UIFSA	Uniform Interstate Family Support Act
USO	Uniform Support Order
VA	Veteran's Administration
WAN	Wide Area Network
WIA	Work Incentive Act
WIC	Women, Infant and Children (Special Supplemental Food Program)
WIDIP	Weekend Impaired Driver Intervention Program
WtW	Welfare to Work

MAJOR LEGISLATION AFFECTING DHHS ENACTED IN THE 2001-02 BIENNIUM

Bill Number	Brief Summary	Chapter Laws
HB 118	Authorizes physicians who practice medicine in certain states other than the state of New Hampshire to complete certain immunization exemption certifications.	18
HB 179	Includes 17-year olds under the juvenile delinquency statute; permits the court to extend jurisdiction over juveniles committed to the Youth Development Center until their 18th birthday; and establishes a task force relative to juvenile service capacity and administrative simplification.	170
HB 240	Requires DHHS to develop a plan to address the needs of persons who are on waiting lists for services under RSA 171-A.	270
HB 295	Allows DHHS to make recoveries on the full cost of medical assistance furnished by the state when Medicaid recipients receive third party settlements.	84
HB 310	Sets the biennial rate for the Medicaid enhancement tax, as required by RSA 84-A:2, at 6 percent upon the gross patient services revenue of every hospital.	108
HB 350	Allow persons with disabilities to participate in the work incentive program and grants rulemaking authority to the DHHS commissioner for the purposes of the bill.	67
HB 377	Allows DHHS to file petitions to seek judicial review of the validity of a power of attorney or authority of an agent to act under a power of attorney; eliminates the requirement that an interested party have had prior contact with the principal in order to file such a petition; and attempts to clarify the court's authority to grant equitable relief.	38
HB 388	Clarifies the rights of patients of nursing facilities in the event of a proposed transfer or discharge from a facility.	111
HB 408	Revises definitions concerning nursing; requires licensure of nursing assistants and adds licensed nursing assistant members to the board of nursing; increases the compensation of the board; and makes changes to the procedures for licensure and regulation of nurses.	241
HB 416	Permits either the state fire marshal or the local fire department to conduct fire safety inspections for foster family homes; allows for the application of the state fire code to inspections where there are no local ordinances; and clarifies a statute relating to compliance with codes to avoid confusion around the existing language regarding the applicable provisions of the ordinance or code.	77
HB 444	Provides certain procedural protections for individuals temporarily admitted by temporary revocation of conditional discharge or by an involuntary emergency admission when a longer period of admission is determined necessary and authorizes rulemaking regarding record retention.	243
HB 463	Clarifies that suspected financial exploitation, abuse, neglect and exploitation of adults suspected to be incapacitated shall be reported to DHHS and that any person or entity providing info to an agent of DHHS in good faith is immune from liability.	36

Bill Number	Brief Summary	Chapter Laws
HB 573	Authorizes certain advanced registered nurse practitioners to conduct examinations for the purposes of admitting persons to the state mental health services system on an emergency basis.	184
HB 635	Requires DHHS to establish family mutual support services to support families in their role as primary caregivers of adults and children with mental conditions, and grants rulemaking authority to the DHHS commissioner or the purposes of the bill.	140
HB 643	Extends the moratorium on new nursing home beds from Dec. 31, 2001 to June 30, 2003.	253
HB 672	Revises the laws relative to insurance coverage for mental and nervous conditions. Requires insurance coverage for treatment for chemical dependency and includes state employees in those that must be covered.	204
HB 743	Restructures the Department of Youth Development Services as a unit of Juvenile Justice Services within DHHS.	286
HB 1139	Allows the governor to enter into reciprocal international child support agreements to establish and enforce child support agreements.	187
HB 1218	Allows the board of pharmacy to authorize and regulate the temporary absence of pharmacists from the pharmacy, electronic transmission and automated fillings; authorizes the DHHS commissioner to operate a program for managing plan benefits under Medicaid, and provides that the department adopt interim rules concerning the program, and establishes a legislative oversight committee.	281
HB 1220	Establishes standards for disclosure of information to consumers of costs and services provided by assisted living residences and housing for older persons.	192
HB 1311	Establishes a procedure for the annulment of certain medical records and a committee to study the protection from subpoena of all medical information obtained as a result of an involuntary emergency admission that has been annulled by the court.	235
HB 1367	Amends certain definitions regarding acceptable lead levels in children to conform to federal law; allows DHHS to attach orders of lead hazard reduction to the property deed at no cost to the department; and requires DHHS to investigate certain cases of lead poisoning in children.	63
HB 1372	Requires the DHHS commissioner to establish a certification program by rule to certify facilities offering services beyond room and board to one individual in a residential setting.	101
HB 1467	Establishes the NH vaccine association to assess insurers for the cost of vaccines provided to certain children. Funds are to be used by the DHHS commissioner to purchase vaccines.	279
HB 1478	Grants public health emergency authority to the DHHS commissioner in a declared state of emergency; establishes a fund for the administration of the radiological health program; and amends the communicable disease law to address illnesses or health conditions that may arise from a public health emergency.	258
SB 118	Establishes the health insurance risk pool for the purposes of individual health insurance coverage, and updates the mission statement of the healthy kids corporation and places the healthy kids subcommittee into the statutes.	295

Bill Number	Brief Summary	Chapter Laws
SB 132	Directs DHHS to coordinate a comprehensive review of demographic trends in the New Hampshire population and the impact of such trends.	152
SB 150	Deletes references to institutional care and emphasizes the state's commitment to consumer-directed-community-based services for individuals with developmental disabilities.	101
SB 161	Requires DHHS to construct an architecturally secure facility in Laconia for the treatment of certain individuals and makes a bonded appropriation for the purposes of the bill.	244
SB 167	Requires the DHHS commissioner to develop a revised rate setting structure for Medicaid payment of nursing home facility services; creates a long-term care rate advisory committee to review the rate setting structure for reimbursement of nursing facilities established by the DHHS commissioner issue reports on or before September 1, 2002 and at least every 2 years thereafter.	198
SB 182	Establishes a brain injury program and inserts a new PAU into the operating budget for the program.	245
SB 408	Requires DHHS to delete or destroy all records of screened out abuse and neglect reports after one year, of unfounded reports after 3 years and founded reports after 7 years.	162
SB 409	Requires founded reports of child abuse and neglect to be listed in the central registry and establishes a procedure for individuals to petition to have their names removed from the registry.	111
SB 456	Appropriates $14.8 m. to DHHS for making provider payments and payments for expenses for community health centers and community mental health centers, and for settlement payments to resolve pending litigation.	208

INDEX OF COMMONLY USED TERMS